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JAMAICA.

ANNUAL REPORT

ON THE

SUPERINTENDING MEDICAL OFFICER,

Together with the Reports on the following Departments of the Medical Service of the Island, viz:

THE PUBLIC HOSPITAL
THE LYING-IN HOSPITAL
THE LUNATIC ASYLUM
THE LEPERS' HOME

FOR

THE YEAR ENDED 31ST MARCH, 1912.

Ordered by His Excellency the Governor to be Printed.

JAMAICA
GOVERNMENT PRINTING OFFICE, KINGSTON

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ISLAND MEDICAL DEPARTMENT.

Report for the year ended 31st March, 1912.

Island Medical Office, Kingston, 22nd June, 1912.

Sir,

I have the honour to forward the accompanying Returns and Reports, including the Report of the Government Bacteriologist, for the information of His Excellency the Governor embracing the financial year which began on April 1st 1911 and which ended on March 31st, 1912.

Appointments.

Dr. C. S. Gideon was confirmed in the appointment of Supernumerary Medical Officer on 5.4.11 (as from 1.4.11).

Dr. M. T. Cassidy who had been acting as D.M.O. was confirmed in the appointment as D.M.O. of the Crofts Hill District (Clarendon and St. Catherine) on April 1st, the Legislative Council having approved of the District being permanently established, and on 2nd July, 1911, was transferred to the Asylum as Acting Junior Resident Medical Officer.

Dr. Donald Neish was appointed acting Health Officer and D.M.O. at Port Royal on 20.6.11 and confirmed in the appointment on 21.11.11.

Dr. Strudwick, M.B., C.M., (Can.) was appointed acting D.M.O. of the Crofts Hill District on 2.7.11.

The following Medical Officers were on leave during the year:—

Name.		Period of absence from	Acting Officer.
Dr. C. W. M. Castle	..	1.5.11 to 10.9.11	Dr. G. H. K. Ross
Dr. J. H. Peck	..	21.5.11 to 20.7.11	Dr. A. C. Lopez
Dr. J. F. Donovan	..	4.5.11 died 29.5.11	Captain Power
Dr. L. Gifford	..	20.5.11 to 19.11.11	Dr. M. Grabham Dr. L. O. Crosswel
Dr. T. F. Shackleton	..	3.7.11 to 15.2.12	Dr. M T. Cassidy
Dr. W. D. Neish	..	10.7.11 to 9.10.11	Dr. A. C. Lopez
Dr. C. E. Harvey	..	1.6.11 to 9.10.11	Dr. H. Robins
Dr. E. H. B. Stafford	..	1.7.11 to 30.10.11	Dr. J. R. LeTouzel
Dr. F. A. Ritchie	..	19.6.11 to 18.9.11	Dr. R. M. Stimpson
Dr. J. A. L. Calder	..	8.5.11 to 8.1.12	Dr. G. E. Cheyne
Dr. C. H. C. Farquharson	..	1.11.11 to 31.12.11	Dr. A. R. Todd
Dr. C. H. C. Farquharson	..	1.2.12 to 31.3.12	Dr. A. R. Todd

RESIGNATION.

Dr. E. H. B. Stafford, D.M.O. Lamb's River, resigned his appointment as from March 31st 1912.

Dr. Rogers was retired from the service as from March 31st 1912 on an annual compassionate allowance of £35 12s. 6d.

DEATHS.

It is with regret that the death of Dr. J. F. Donovan, Health Officer of Port Royal, has to be recorded. Dr. Donovan who had previously been in the Royal Navy joined the service on 14.11.1900 and died in a hospital in New York on 28.5.11.

He had, previous to taking up his appointment as Health Officer at Port Royal, been Medical Officer in charge of the Spanish Town Hospital and the Leper Asylum. He leaves a son and a daughter.

It is with much regret that one has also to record the death of the late Revd. Archdeacon Downer, Chaplain to the Public Hospital, Kingston, and whose service in connection with that hospital dated back to the year 1876.

Since commencing this Annual Report the sad news of the death in April 1912 of Dr. Ff. Mullen at Claremont has been notified. Dr. Ff. Mullen joined the service in the year 1879 and served 33 years. He was genuine Irish, always cheery, jovial and good natured and an excellent type of the man whose sole idea was not that of making money.

Return of Expenditure for the Island Medical Department for the year ended 31.3.1912.

—	Personal Emoluments.	Other Charges.	Gross Expenditure.	Amount of Dues Collected.	Actual Expenditure after deducting Amount passed to credit of Hospital.	Amounts of Grants Estimated.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Head Office ..	2,449 18 5	6,536 1 6	8,985 19 11	1,264 15 2	7,721 4 9	7,870 4 10
District Medical Officers ..	5,947 17 10	..	5,947 17 10	..	5,947 17 10	6,075 0 0
Supernumerary Medical Officers ..	356 7 0	..	356 7 0	..	356 7 0	400 0 0
Public General Hospitals—						
Morant Bay ..	175 3 1	372 6 1	547 9 2	15 16 1	531 13 1	587 2 0
Hordley ..	204 17 10	432 5 3	637 3 1	10 9 7	626 13 6	535 12 0
Port Antonio ..	445 10 0	2,002 0 3	2,447 10 3	47 10 8	2,399 19 7	2,764 12 0
Buff Bay ..	207 10 3	569 18 3	777 8 6	9 11 7	767 16 11	637 12 0
Annotto Bay ..	413 2 8	1,539 15 5	1,952 18 1	22 13 2	1,930 4 11	2,647 14 0
Port Maria ..	290 5 4	1,016 12 3	1,306 17 7	14 14 6	1,292 3 1	1,413 16 0
St. Ann's Bay ..	175 11 0	266 0 8	441 11 8	11 15 8	429 16 0	444 9 0
Cave Valley ..	66 0 0	105 10 2	171 10 2	13 8 6	158 1 8	184 8 0
Falmouth ..	200 14 2	254 18 10	455 13 0	11 2 10	444 10 2	447 14 0
Montego Bay ..	220 18 6	434 9 9	655 8 3	7 10 8	647 17 7	643 14 0
Lucea ..	194 9 6	208 13 0	403 2 6	10 6 0	392 16 6	467 7 0
Sav.-la-Mar ..	261 17 0	776 4 2	1,038 1 0	25 18 2	1,012 2 10	1,240 6 0
Black River ..	169 13 0	260 7 1	430 0 1	14 14 8	415 5 5	543 0 0
Mandeville ..	210 18 0	486 12 11	697 10 11	14 0 9	683 10 2	774 7 0
Chapelton ..	234 6 9	452 17 5	687 4 2	15 12 0	671 12 2	721 6 0
Lionel Town ..	313 11 6	661 10 8	975 2 2	11 9 4	963 12 10	1,577 0 0
Spanish Town ..	398 3 0	1,120 1 11	1,518 4 11	51 19 4	1,466 5 7	1,108 12 0
Linstead ..	156 4 0	264 10 11	420 14 11	10 16 3	409 18 8	362 4 0
Yaws Fees ..	2,523 10 7	..	2,523 10 7	..	2,523 10 7	1,200 0 0
Out-Patients Department and Dispensaries ..	..	25 0 0	25 0 0	..	25 0 0	650 0 0
Venereal Disease ..	..	23 0 0	23 0 0	..	23 0 0	150 0 0
Vomiting Sickness ..	..	481 8 3	481 8 3	..	481 8 3	300 0 0
Typhoid ..	..	146 5 1	146 5 1	..	146 5 1	300 0 0
Drugs and Prisons Law ..	17 1 0	..	17 1 0	..	17 1 0	15 0 0
Medical Attendance on Immigrants ..	540 0 8	..	540 0 8	..	540 0 8	545 0 0
Public Hospital ..	4,250 5 3	5,545 17 0	9,796 2 3	487 5 3	9,308 17 0	9,568 12 6
Lunatic Asylum ..	6,405 8 4	11,391 12 10	17,797 1 2	16,589 9 7¾	1,207 11 6¼	18,920 5 10
Lepers' Home ..	926 13 5	1,514 18 11	2,441 12 4	..	2,441 12 4	2,434 0 0
Jubilee Hospital ..	532 0 0	823 5 4	1,355 5 4	392 11 6	962 13 10	1,372 12 0
Vaccination Fees ..	1,224 14 10	..	1,224 14 10	..	1,224 14 10	1,910 0 0
Medical Officer, General Penitentiary ..	250 0 0	..	250 0 0	..	250 0 0	250 0 0
Health Officer, Port Royal ..	450 0 0	..	450 0 0	..	450 0 0	450 0 0
Quarantine ..	159 8 0	489 13 3	649 1 3	..	649 1 3	969 12 0
Central Board of Health ..	..	23 9 1	23 9 1	..	23 9 1	25 0 0
Medical Council ..	28 7 0	..	28 7 0	..	28 7 0	20 0 0
	30,400 7 11	38,225 6 1	68,625 14 0	19,053 11 3¾	49,572 2 8¼	70,526 2 2

Value of Drugs, etc., issued to the various Institutions, etc., during the financial year 1911-12 *from the Island Medical Store.*

	£	s.	d.
Value of drugs and sundries issued to Public Hospitals, Lepers Home and Medical districts	2,109	18	9
do Stimulants issued to Public Hospitals and Lepers Home	53	11	9
do Drugs, etc., issued to Kingston Public Hospital	923	10	2
do Drugs, etc., issued to Jubilee Hospital	51	14	9
do Stimulants issued to Jubilee Hospital	1	7	0
do Drugs, etc., issued to Lunatic Asylum	299	5	4
do Stimulants issued to Lunatic Asylum	16	15	5
do Drugs and sundries issued to Prisons and Reformatory	146	14	2
do Stimulants issued to Prisons and Reformatory	4	13	0
do Drugs, etc., issued to Government Laboratory	3	17	0
do do Quarantine Station and Visiting Officers	0	19	6
do do Hope Government Farm	14	10	1
do do Schools Department	9	6	8
do do Parochial Boards	482	16	11
do do Constabulary Department	50	11	5
Quinine in packets supplied to Post Offices, etc.	210	18	4
Drugs and sundries sold	26	8	9
Lymph supplied	299	2	7
Quinine issued to Malarial Commission	158	12	3
do Estates	164	11	8
Miscellaneous supplies	7	5	5
Instruments (value of) supplied to Public General Hospitals	245	18	5
	£5,282	9	5

During the year there were two general examinations under Law 34 of 1894—The Drugs and Poisons Law. 31 candidates presented themselves for examination including, 5 from the Kingston Hospital. 17 satisfied the examiners, of which 5 were from the Kingston Hospital, and were granted licenses.

No prosecutions under Law 34 of 1894 were instituted by the police during the year.

QUARANTINE.

Dr. Neish's Report.

During the twelve month ended 31st March, 1912, there were no detentions at the Quarantine station.

The following ports continued under proclamation as infected places during the twelve months: all ports of Brazil, for small-pox and yellow fever, dated 6th February 1892; all ports of Venezuela, for small-pox dated 29th September 1898, and Mazattan in Mexico, for Plague, dated 26th May 1903.

Trinidad was under proclamation as a place infected with plague for a portion of the year; sporadic cases having occurred at that place.

Modified quarantine restrictions were also imposed on ships arriving from New York in consequence of cholera having been imported there from Italy.

Plague at Port Durban, South Africa, and Cerebro Spinal Meningitis at Galveston have necessitated the detention of arrivals from these ports for report to the Quarantine Board.

No new works were carried out during the year at the quarantine station.

Repairs were effected to the valve of the large circular tank, the telephone, the wire gauze windows of the hospital and the flag staff.

A large area of ground of about 5 acres in extent, and immediately adjoining the southern boundary of the quarantine station, was closely cropped of dense trees and bush. This has had the effect of producing a large open space devoid of bush and trees amongst which mosquitoes might harbour.

This clearing having gone through the dense tangle on the sea-shore, has practically cut off the access of mosquitoes from this bush and the lagoon to the quarantine station.

In January after a fall of rain a few larvæ of mosquitoes were observed in the lagoon. Minnows from the reserve tank were put in the pond and quickly dispersed.

A large bucketful of the water from the lagoon was taken to the quarantine station and six lively minnows put in with a view to ascertaining how long the minnows would live in it, and to gain some information as to the utility of the minnows in the destruction of mosquito larvæ in such a medium.

At the end of the two hours all the fish in the bucket were dead.

These put in the lagoon were not seen again; but the mosquito breeding that took place was very limited since no trace of them could be found a week later.

The remarks of the Quarantine Board in last year's report with regard to the necessity of having an up to date Clayton disinfector on a barge or lighter, with a launch for towing apply with unabated force. No confidence can be placed in the present methods of disinfecting the holds of ships with the antiquated sulphur pot. The approaching opening of the Panama Canal renders it imperative that some more efficient and trustworthy means of disinfection should be available.

Should the canal bring no increased trade in the shape of ships and cargoes it will also, to a certainty, expose us to additional risks of the introduction of diseases into the Island.

D. Neish, Health Officer.

CENTRAL BOARD OF HEALTH.

Much work was accomplished during the year in the final preparation of the Bye-laws under Law 35 of 1910 prepared at the suggestion of His Excellency the Governor for submission to the Parochial Boards.

The following parishes have adopted the Bye-laws in some cases in their entirety, and in others with some amendments and additions to suit Local conditions.

St. Thomas
Portland
St Mary
St. Andrew
St. Ann
Trelawny
St. James
Hanover
Westmoreland
Clarendon

The parochial boards of Manchester, St. Elizabeth, St. Catherine and the Mayor & Council, Kingston, have not yet approved of the Bye-laws submitted by the Central Board of Health, nor have they submitted any new ones of their own.

Bye-laws regulating the duties of Medical Officers of Health have been approved by His Excellency the Governor in Privy Council for the following parishes:—

Portland
Clarendon.

Those for St. Mary and St. Ann have been approved by the Central Board of Health and submitted for confirmation by the Governor.

Notices have been received by the Board of the appointment during the year of Medical Officers of Health for the undermentioned parishes:—

Westmoreland
St. Thomas
St. Mary

Consequently the following have Health Officers now:—

Kingston
St. James
St. Catherine
Clarendon
St. Mary
Trelawny
Portland
St. Elizabeth
Westmoreland
St. Thomas

12 Meetings were held during the year.

The parochial boards were asked to furnish the Central Board of Health with reports on the sanitary conditions of the parishes from the Medical Officers of Health.

Replies have been received from the parochial boards of—

St. Elizabeth
Trelawny
St. Mary
St. Thomas
Westmoreland

and reports received direct from Dr. A. T. Clark, Hope Bay district, Portland; and Dr. H. T. Strudwick, Kelletts district, Clarendon.

The reports are as follows:—

ST. ELIZABETH.

Report of Health Officer.

Since taking up the duties of Medical Officer of Health for the Parish of St. Elizabeth on the 1st April 1911, and up to the 31st March 1912, I have visited regularly the towns of the parish and a great portion of the country districts. The only infective disease which occurred during that period is Enteric Fever of which a slight outbreak took place in the district of Santa Cruz, there were four cases and the disease did not spread. There were a few sporadic cases in Southfield district but not of an epidemic form.

I have found during the past five years that in every period of drought the people in these parts drink any and every kind of water owing to the scarcity of this article and they have not yet learnt the absolute necessity of boiling the water for drinking purposes, and it is at this time that such cases occur. There was during the fall of the year under review the usual Malaria Fever, but this was of a milder type than in other years, and not so extensive consequent on the severe drought and absence of stagnant water.

2. The houses and their compounds have never before the appointment of a Medical Officer of Health been regularly inspected and consequently were, among the poorer classes especially, not in a sanitary condition, but since the putting into operation of the Health Law and by regular inspections and personal explanations the people are beginning to recognise that their premises must be kept sanitary, this of course takes time and I would be averse to taking legal proceedings against them except in cases which show no attempt to carry out the orders of the Local Board of Health.

3. *Water.*—The water supply of the parish may be divided into two main divisions, viz:—

a. That portion of the parish which is supplied by springs and streams tributary to the Black River, the hills joining the water shed of this river. This portion comprises the north-eastern and central divisions of the parish and has as a rule a copious and sufficient rainfall, and the people have a fairly good water supply.

b. The drought area or south-eastern end, the western and northern parts with a large population dependent entirely on wells in the low lands and on tanks in the hills, these tanks being quite insufficient and in a number of cases insanitary; the catchment of these latter being generally the yards around the houses. In the south-eastern end of the parish the people do not seem to have taken advantage of the Tank Loan Law which was passed recently for their benefit. There are two public tanks in this end of the parish but they are quite inadequate to meet the requirements of the population. The Balaclava supply in dry weather is from the Oxford river and owing to pollution the Local Board of Health has recently proclaimed this stream a source of public water supply. This course will doubtless cause a cessation of the pollution. The town of Black River is supplied by efficient and pure water by means of service pipes.

4. The refuse of the town of Black River is used for filling and reclaiming swamp-lands, in other places it is carried out of the villages and used as manure by neighbouring land owners.

5. The latrine system in Black River is either directly into the sea by those householders along the beach or dry earth closets in other portions of the town the duty of the sanitary officer is to see that these latrines are emptied at least twice a week and the excreta thrown into the sea. In other parts of the parish the general system is that of earth pits or open air closets which are hardly saniatry, and it will take sometime to educate people into the dry earth closets system, but already there are signs of improvement.

6. The housing of the poor in towns and villages is fairly satisfactory but there are several dilapidated shanties in the villages which will have to be condemned during the coming year. In the country parts the housing is often deplorable, the small houses being badly built with no flooring, only clay rammed, and as many as five or six people sleeping in one small room with very little ventilation, the consequence is that the health of these people suffer, especially during the wet seasons.

7. There is no marked pulmonary tuberculosis in this parish, cases occasionally occurring in the hills among visitors who go there with this disease in search of climate.

8. The local conditions causing malaria are the usual ones in a tropical country, and after heavy rains all the holes and depressions retain water which form breeding places for mosquito. This parish having about one third of its area almost at sea level (and in swamp) it is extremely difficult to deal with this condition, but by the example of the Malaria Commission in filling up a large morass near the town of Black River, there are indications of the local owners following this good example and in the next year the improvement will be more general as the Local Board of Health is insisting on these improvements.

9. The Medical Officer of Health visits as a routine the towns and villages which have been declared places under Law 35 of 1910 at least once a month and there are three sanitary inspectors appointed by the Local Board of Health who report regularly to that officer on the local conditions of their respective districts. In Black River where the Medical Officer of Health resides the inspection is daily by the sanitary officer and the Medical Officer of Health.

10. There has been considerable new work done in the interest of sanitation during the year, notably the reconstruction of all the stalls in the markets at Black River and Balaclava, the old insanitary wooden stalls being replaced by concrete slabs, a new drainage system laid down in each of these markets. Extensive concrete drains have also been laid throughout the town of Black River.

11. There were 51 Notices served under Law 35 of 1910, but no prosecutions, as the parties complied with the requirements of the Law.

A. R. Todd, M. O. H.

Trelawny.

Dr. A. E. C. Myers.

1. *Sanitary conditions of houses and compounds.*—The sanitary conditions are on the whole satisfactory; although there still remains many conditions open to improvements, such as removal of konch shells and empty vessels liable to contain stagnant water from compounds. Also proper drainage of streets to carry off waste water and regular attention to keep such drains clear of rubbish.

2. *Water Supply.*—The town of Falmouth is supplied through pipes from the Martha Bræ River. Some villages are supplied by ponds and others situated near the river receive their water therefrom. There is no adequate means of protection from water pollution.

3. *Disposal of refuse, etc.*—In the town of Falmouth the sanitary carts remove house refuse.

4. The pit closets exist in most houses.

5. In so far as I am aware overcrowding does not exist. The poor are well housed.

6. *Tuberculosis.*—Pulmonary Tuberculosis is not very prevalent in this district, there are however a few cases.

7. *Local conditions causing Malaria.*—No outstanding conditions other than cans, crab holes, etc. The swamps and ponds in Falmouth do not in my experience breed malaria mosquitoes although the mangrove trees may act as shelters for the mosquito.

8. *Inspections by Health Officers.*—I am unable to give any definite number. Frequent inspections are made by me of the houses in Falmouth and the villages in the district and of course special inspections where a necessity arises.

DUNCANS.

Dr. Purchas.

1. *Houses and compounds.*—There has been a change for the better in this respect. People are beginning to appreciate the benefits of a clean house and yard.
2. *Water Supplies.*—These are from ponds in the neighbouring villages. There is no way of preventing pollution.
3. *Disposal of refuse matter.*—This is a matter that requires the urgent attention of the parochial authorities—there are no dumping grounds anywhere, and these are absolutely necessary. Until the local authorities move in this matter I consider it is useless and unfair to prosecute private individuals for not keeping their yards clean.
4. *Latrine system.*—Very defective. My remarks about No. 3 will apply to this also.
5. *Housing of the poor.*—Overcrowding exists generally.
6. *Pulmonary Tuberculosis.*—Most of the cases seem to have been contracted in other parishes.
7. *Inspections of Health Officers.*—Informal inspections every week.
8. *Prosecutions.*—None. See 3 and 4.

F. A. G. PURCHAS, M. O. H.

ULSTER SPRING.

Dr. Smith.

The health of the district has been good during the past year. There have been regular inspections as to the keeping and cleaning of latrines. Latrines are not properly kept, sufficient dry earth is not thrown on the excreta, in the majority of cases no steps are taken to throw any earth at all. In another set of cases no arrangements are made for any latrines: this was so in the house in which there was the only case of enteric fever in this district this year.

The houses and compounds are in fairly good condition. One must remember that the term "hut" would more justly be applied to the majority of the buildings not in the immediate vicinity of villages and these are most badly built and poorly ventilated.

Cases of malaria fever and pulmonary phthisis are few and far between.

WESTMORELAND.

1. The sanitary condition of houses and their compounds are in a fair condition. By the advice of the sanitary officers the use of disinfectants, and the observance of sanitary measures hitherto neglected, improvements have taken place.

2. *Water Supply.*—Sav.-la-Mar is supplied with water from Sweet River, a distance of about 6 miles from the town. A main is laid in the intake and the water is conducted through this main to the town, service pipes are attached to the main and connected to each house in the water area, for which a rate is charged and collected.

(a) Bethel district is supplied by the York Spring and private tanks.
(b) Darliston district by a public tank.
(c) Bluefields district by a river.
(d) White house district by Heath Hall, and Solas Springs.
(e) Beeston spring is also a public water supply about 6 miles from Bluefields.
(f) Little London, Sheffield and Negril by public wells.
(g) Trinity district by private wells.
(h) St. Peters district by Water Works, and Roaring Rivers.

The sanitary inspectors visit these public water supplies regularly; and see that no pollution takes place and that the surroundings are kept in a sanitary condition. I have just recommended to the Board that these springs and wells be covered as a protection from pollution.

3. *Disposal of refuse.*—In town, the yards and streets are swept daily by scavengers, and the refuse, carted away and deposited at the depot ground some distance from the town. In the villages each occupier keeps his compound clean, to the satisfaction of the sanitary inspectors.

4. *Latrine.*—The 'pit system" is in general use in town. At the public institutions the dry earth system is in force. The villages have no particular system but sanitation is enforced by the sanitary officers.

5. In some places overcrowding exists, due to poverty.

6. Pulmonary tuberculosis is not prevalent in this parish.

7. Malaria—the presence of several breeding places of mosquitoes—stagnant water, swamps, the want of concrete drains and other insanitary conditions. These causes are receiving the attention of the parochial board, and I do most earnestly solicit from the Malaria Commission a grant to enable the Board to carry through these important measures.

8. I have visited the several districts of the parish, and reported thereon to the Board, especially in connection with the water supply in each district.

9. *New Works.*—Concrete drain at Dunbar's River at a cost of £88, one half being paid by the Public Works Department.

(b) Concreting a portion of Dalling Street at a cost of £60.
(c) Concreting a portion of Ricketts Street in this town at a cost of £10.

10. No prosecutions for non-compliance with the Health Law have taken place as the people really carry out the orders of the sanitary officers, more especially in the country districts.

As soon as the Bye-laws passed by the Board have received the approval of His Excellency the Governor the Board will be able to prosecute for any non-observance of the Law.

H. ROBINS, M. O. H.

ST. THOMAS.

Dr. Norton.

The overcrowding of houses among the poorer classes is very common but the necessity of keeping their compounds clean is being appreciated to a marked degree.

2. The water supply of Morant Bay is good but a great deal of hardship is felt among certain villages, Duckenfield, Dalvey and Bowden, especially during severe droughts. An epidemic of dysentery occurred last month at Duckenfield due to impure water supply resulting in one death. The majority of these districts abound in springs and their protection from contamination by solid concrete enclosures is most urgently needed.

3. A house to house daily disposal of refuse is rigidly carried out in Morant Bay and is used to fill up the Board's swampy lands; the collection and burning of refuse being taught to the inhabitants of the country districts.

4. The latrines in and around the town and villages lack modern improvements for the benefit of sanitation. There are signs of improving them and new ones are only built from specifications submitted to and approved by the Medical Officer of Health.

5. As already mentioned the overcrowding of houses among the poorer class is very common.

6. Pulmonary Tuberculosis shows an increase in the number of cases but the majority of cases coming under my notice seem to contract the disease in Central America and other parts and come here with it.

7. Malaria Fever is less prevalent than it has ever been. There is always however a number of cases to be found in the P. G. River district during the year and if this district is made a sanitary district under charge of an inspector of nuisances a great improvement will result. The Bamboo River in Morant Bay is the chief source of the breeding of anophelines.

8. Daily inspections are made by the Medical Officer of Health and the Inspector of Nuisances around the town of Morant Bay and the Medical Officer of Health also visits the different sanitary districts at least once a month.

9. Many works for the improvement of sanitation have been done by the Board, including the extension of concrete drains around the town of Morant Bay and Church Corner; the concrete drain at Brown's Gully which however is not yet finished, the establishment of a market at Port Morant which has been the means of cleaning and filling up some of the swampy lands, an absorption pit at the Alms House with concrete drains around the compunds of the institution. The intelligent execution of the sanitary laws have given satisfactory results.

10. There has been only one prosecution for non-compliance of the sanitary law in the case of S. F. Noyes with regard to swamp lands situated at Port Morant resulting in the cleaning of the land and the transference of it over to the Government.

F. A. NORTON, M. O. H.

ST. MARY.°

Port Maria—Dr. W. G. Farquharson.

1. Before a regular and systematic inspection of the houses and compounds was made, most of the houses and yards in the town of Port Maria were in a highly insanitary condition. Water was allowed to collect, broken bottles filled the yards, and the latrines were never emptied. But owing to the vigilance of the Inspector of Nuisances these conditions are ceasing to exist.

2. Water supply of Port Maria is excellent, and it is proposed to shortly carry the water by pipes into Oracabessa and the surrounding districts, which will be a great boon to the inhabitants.

3. The disposal of refuse, etc., is a matter that is attracting the attention of the parochial board. At present there is no deposit ground, and until a suitable place is found this difficulty will always exist. At present an attempt is being made to throw all the rubbish, etc., into Warner's Pond with the idea of gradually filling it up. Up to now this has worked very satisfactorily.

4. Until the appointment of a Medical Officer of Health all the latrines in the vicinity of the Outram emptied into the river. I went up one morning in a boat and was appalled at the existing circumstances. Since then, I have had all the latrines removed from the river and a dry earth system is now in vogue, but until a Deposit ground is chosen and the night soil removed by a proper cart service, I am much afraid that a nuisance will still exist.

5. Overcrowding exists in Port Maria, which I suppose is common in nearly all towns in Jamaica.

6. There is no great prevalence of pulmonary tuberculosis.

7. Warner's pond and its surroundings have always borne an evil name, but the Public Works Department here made a large concrete drain, and the parochial board, assisted by the Overseer at Frontier are making strenuous efforts to drain and fill the pond and in time it will be a thing of the past. The yards are being kept more clean, and owing to the benevolence of the Government who supply Quinine cheaply to the inhabitants Malarial Fever is certainly diminishing.

8. Inspections are made daily, and in special cases yards are visited more frequently—especially in the case of those who seem disinclined to keep their places clean.

9. No. 7 will answer this question.

10. Two prosecutions have taken place, and convictions were recorded in each case.

W. G. FARQUHARSON, M. O. H.

GAYLE.

Dr. Lecesne.

(*a*) *The sanitary conditions of the Houses and their Compounds*, have much to be desired indeed, in many districts the conditions are such as appertain to man in a primitive state.

There has been some improvement in the villages certainly, as householders are now compelled to keep their yards clean and abate all nuisances under the new Health Law. But as this district is a very populous one and made up of numerous small settlements the sanitary improvements in the chief villages merely touch the fringe and can only be regarded as a first step. Still "cen'est le premier pas qui coute," and it is to be hoped that the example of the larger centres and the increasing popular demand for sanitation will compel the remoter settlements to fall in line.

(*b*) The water supplies of houses and villages and means of protecting them from pollution—

With the exception of a few better class residences which are supplied by tanks, rains, etc., the water supply of the whole district is the simple one of direct collection from rivers and springs, which are fortunately numerous and never failing.

In the case of the springs, the collecting pools are usually made where the water rises, and while the water is no doubt pure, it is frequently contaminated by the washing from the houses above by the watering of stock, by water carriers feet and other obvious sources of pollution. The water is collected chiefly by children at dusk or in the early morning and the condition of the pools at such times can better be imagined than described. Since my appointment as M. O. H. of this district I have brought this matter to the notice of the parochial board and have suggested the erection of small impounding dams with supply pipes. I am glad to say that estimates of cost have been prepared and submitted for the Saltrum, Derry, Mount Angus and Windsor Castle springs, and it is evidently their intention to proceed with these as soon as the necessary rights have been acquired. Other springs will no doubt be protected in due course.

(*c*) There are no special means for the disposal of refuse waste, or objectionable matter. These are usually deposited in the nearest banana field or other convenient spot and time and our natural scavenger the John Crow—does the rest.

(*d*) The latrine system of the villages. The pit closet is the only attempt at a latrine system in the villages. In some of the better class houses and in Government institutions (e.g. police stations) the dry earth closet is used. For the district generally the latrine system is that described under disposal of refuse, i.e., the banana fields. This may have some agricultural benefits to commend it, but it is certainly objectionable and in my opinion is responsible for many intestinal disorders among the people and for the small outbreaks of enteric fever which occur from time to time in this district.

(*e*) *The housing of the poor and overcrowding.*—Among the facts brought out by the last census was the great increase in the number of good houses in this parish, and to this end I think this district has added its fair share. It is certainly refreshing in certain parts to see the neat little cottages that have recently been and are still being erected. When one considers too, the high price of lumber and other building materials in these parts, this is certainly commendable, and is sure to confer other benefits as well as those of sanitation. Unfortunately there are many settlements (notably Jeffry Town, Rose Street, and Derry in Bagnolds; Three Hills and Mango Valley in Retreat) which are little better than African villages, with the associated insanitary conditions. Overcrowding exists to a great extent in these settlements, Yaws and other loathsome diseases abound, and the general health and intelligence of the people are low. That they live at all can only be explained by the naturally salubrious climate, the high infantile mortality which ensures the survival of the fittest and the powerful immunity acquired against many of the ordinary diseases.

(*f*) Pulmonary Tuberculosis is not prevalent, at best it forms less than 1% of the cases visited by me as D. M. O. and strange to say very few are seen from those districts where overcrowding exists.

(*g*) Local conditions causing malaria. This district is a very hilly one and there are few natural conditions favouring the propagation of the mosquito. These are chiefly artificial, viz: trenches in banana fields near houses, trees, cocoanut shells, etc. etc. There are, however, some stagnant pools in and around Gayle in which anopheline larvæ have been observed by me. These may well be drained.

(h) Number of inspections. In the absence of any directions as to time, inspections have been made when convenient, Gayle has been inspected twice since my appointment as Health Officer and the other villages once each.

(i) New Works done by local board in the interest of sanitation. With the exception of having sanitary inspectors instructed and the preparatory work of a like nature, I know of no new work actually started by the Board in this district in the interest of sanitation.

(j) No prosecutions have been made for non-compliance with the new Health Law.

G. Lecesne, M. O. H.

Richmond.

Dr. Malabre.

There has been a marked general improvement throughout this district in recent years in the structure and accommodation of the houses and this tends towards better sanitation.

2. The whole district depends for its water supply on the streams and rivers, in some places on tanks and ponds, and in a few instances on wells. I know of no means that are being taken for protecting the water from pollution except by the large proprietors who have the streams on their properties and under their direct control. There is an absolute disregard of all the laws passed for the prevention of fouling the various streams.

3. In Highgate and Richmond there is some attempt made to sweep up the refuse twice a week, it is I believe carted away and utilized for banana manure. In other parts of the district the refuse is simply allowed to accumulate or thrown in the nearest banana walk.

4. Compared to the population there are but few latrines provided in the villages of the district. The bulk of the population resort to the nearest gully or banana walk. Such latrines as exist are either pits or just built on a slope and exposed to the elements. In a few instances buckets are used.

5. The poorer classes are fairly well housed and there is no overcrowding in the usual sense.

6. Pulmonary Tuberculosis does not exist to any appreciable extent in the district although cases are met with from time to time.

7. Mosquito breeding places exist throughout the district, viz., ponds, badly graded banana trenches, the rank vegetation along the banks of most of the streams, etc. These are all, of course, possible sources of anopheles and ergo malaria.

8. I have not been called upon to make any special inspections but in the course of my general work have observed, and called the attention of the inspector to, certain insanitary conditions in Richmond.

P. O. Malabre, M. O. H.

ANNOTTO BAY.

Dr. Ritchie.

The houses of the poorer class are for the most part badly ventilated and overcrowding exists in a great many instances. The compounds around some of the dwellings are insanitary and require cleaning, bushing, etc. Pulmonary Tuberculosis is not very prevalent. In Annotto Bay as far as I am aware agriculture being the occupation of the labourers their lives are spent mainly out of doors which probably lessens their chances of infection.

The water supply for the town is laid on by pipes from house to house. The intake is high up in the Fort George Hills and though there are no filter beds the water cannot easily be contaminated. The quality is excellent and the quantity ample. In some of the yards small puddles collect from the drippings from the taps but on the whole nuisances from this source are not often noticeable.

The parochial carts remove some of the rubbish from the town and some is burnt in the yards but it is necessary to provide a deposit ground and all refuse and waste matter should be removed from the yard regularly, say once a week.

There is no regular latrine system in the town, such as there is, is in the main most insanitary and the accommodation provided appears to be insufficient. The bucket system should be adopted buckets being emptied regularly into the sea.

Malaria prevails throughout the district but the cases coming under observation have not been so numerous during the past ten months due no doubt to the prolonged drought, but the disease is always with us. There are large swamps in and around the town and on my visits of inspection it has been quite easy to find the larvæ of malarial mosquitoes in abundance. The two swamps in the town known as the "Annotto River" and Miss Fords River" should have permanent outlets to the sea. If such outlets were constructed and the water allowed to drain into the sea, the swampy lands in their neighbourhood would be considerably improved The swamp known as "Miss Fords River" is the most, prolific breeding place for anopheles mosquitos in the town. The swamp has been somewhat improved the banks are clean and the water lillies on the surface removed. It should in addition be oiled regularly once a month.

There have not yet been, to my knowledge, any prosecutions under the law.

F. A. RITCHIE, M. O. H.

PORTLAND.—Hope Bay.

From time to time inspections were made by me and where necessary impressed upon the occupier of houses compounds, etc., the necessity of keeping their surroundings in as healthy a condition as possible and also as to how it should be done in each instance.

2. Whilst there is still room for improvement, they have responded very well on the whole. The sanitary condition of houses and their compounds have shown distinct signs of improvement, the yards are kept clear of refuse and waste, and although in a few instances it was necessary to issue notices calling the attention of householders to their negligence, the matter was always promptly attended to and no further steps taken to enforce the regulation.

3. The water supply of houses is obtained from springs generally and in some instances from catchments of rain water in puncheons, etc. Although there is no protection for any of the springs there is no likelihood of contamination, as the water is taken as it bubbles out of the rocks. The puncheons, etc., needed constant supervision, as quite frequently some are found with stegomyia, and these were promptly dealt with.

4. The disposal of refuse and waste and objectionable matter was carried out by dumping in pits dug for the purpose, outside of the town, and properly covered up when necessary. This was done regularly every week.

5. The latrine system is that of the earth closet and they also require constant supervision and disinfection. In a few instances it was necessary to condemn the sites and have them removed to more suitable spots.

6. With regard to the poor I am afraid there is always more or less overcrowding.

7. Pulmonary Tuberculosis is not by any means prevalent, and indeed the percentage is very small.

8. The chief local condition causing malaria is a swamp on the Hope property adjacent to the town of Hope Bay, and connecting with the sea by a stream which is always stagnant, except in very heavy weather when the mouth is opened into the sea. The local board however frequently attends to the opening so as to drain off as much as possible.

Anopheles abound in this locality and malaria is the most prevalent disease in this district. The banks of this stream are cleared from time to time of weeds and the water lillies pulled up as much as possible and both the banks and water oiled or disinfected. I may state here that the police station in spite of its cleanliness inside as well as around its immediate neighbourhood and in spite also of the regular dosing of the men with quinine, all the men suffer a good deal from malaria, and which I attribute to the very cold damp walls of the barracks as a predisposing cause, and the quantities of mosquitoes which take refuge there, and the want of screens on doors and windows.

To my knowledge not one man has escaped an attack of malaria during the past two years and sometimes they are all on the sick list at the same time (not necessarily official perhaps).

9. There have been no prosecutions for non-compliance with the sanitary laws and regulations. Any cases where notices were served the nuisances were very soon attended to.

ARNOLD T. CLARKE, late M. O. H.

CLARENDON, CROFTS HILL, KELLETS.

1. There has been no epidemic of any disease and so no action was required.

2. The sanitary condition of the district is on the whole, fair.

3. There were two cases of Typhoid Fever both in December, one at Jincho and the other at Sevens Ground. The source of infection in the one at Jincho could not be ascertained with any certainty. In the case at Sevens Ground another member of the family had died a short time before from what appear to have been Ambulatory Typhoid.

An attempt was made to poison the water supply (a small spring) of a family at Arthurs Seat, by putting phosphonic Paste in two of the basins formed along the course of the stream.

4. Strict attention was paid to the disinfection of all infectious material in the cases of Typhoid Fever and no further cases occurred.

The basins in which the poison was put, in the case of attempted water poisoning were thoroughly cleaned out and the stream was ordered not to be used as a source of water supply until after a heavy rain.

A bakery in connection with the house in which the case of Typhoid Fever occurred at Seven's Ground was shut down by my orders and not started again until all risk of infection from the patient was past.

H. T. STRUDWICK, M. O. H.

The following New Works were carried out at the Public General Hospitals during 1911-12.

MORANT BAY.

Putting up of a gate at the main entrance.

HORDLEY.

Screening 2 wards, kitchen, Dispenser's quarters and part of Matrons.
Erecting tanks with pipes for water supply.

PORT ANTONIO.

1. Space in front of kitchen concreted.
2. Space adjoining northern male coolie piazza concreted.
3. Installation of basins—8 on the male side, four in the creole and four in the coolie wards. Six on the female side—3 in the creole and 3 in the coolie wards.
4. Installation of four sinks—one in the piazza of the creole female ward, one in the piazza of the male creole ward and one in the male coolie piazza and one in the kitchen.

BUFF BAY.

1. Screening entire female ward and verandah.
2. Screening officers quarters.
3. Screening latrines.

ANNOTTO BAY.

Boarding up of the underbuilding at the new male ward.

ST. ANN'S BAY.

Reflooring male ward.
Erection of a new verandah to matron's quarters and fixing guttering.
Reflooring sitting room in the matron's quarters.

FALMOUTH.

1. Pantry enlarged and made fly proof.
2. Porcelain baths installed in patients bath rooms.

MONTEGO BAY.

1. All buildings screened with wire gauze.
2. Sunshades placed over windows of wards.
3. Improved ventilation in kitchen and erection of stove.

LUCEA.

1. Covered way from kitchen to main building erected.
2. Flooring for labourers room.
3. Shelves erected in clothes room.

SAV.-LA-MAR.

1. Laying down of 672 feet of concrete drains.
2. Extension of female ward by 30 feet.
3. Extension of Dispensary by 16 feet.
4. Erection of shed for convalescent patients.

MANDEVILLE.

Erection of servants room for extra nurse.

CHAPELTON.

Building of verandah off the matron's quarters.

LIONEL TOWN.

New creole kitchen range.

LINSTEAD.

Concrete drain around main building.
New bath room in male ward.
Installation of enamelled steel bath and porcelain wash basin, with pipes for water and drain pipes.
Installation of wash basin in operating room upstairs and connecting water pipe to same and drain pipe leading therefrom.
Wash house. Two bath rooms, Two closets for Yaws wards.
Erection of fences to isolate Yaws wards.

Spanish Town. Public Hospital.

Additional ward accommodation.
Completion of sewage system.
New store room and dispensary.
New matron's kitchen.

Leper Asylum.

Erection of nurses quarters and kitchen.

New Works at Public Hospital, Kingston.

1. Completion of old office block comprising Senior Medical Officer's , Matron's, Dispensary, Student's and Medical Officers' General Room.
2. Erection of new water closets for the use of the nurses.
3. Erection of a new cauldron for disinfecting linen.
4. Erection of a galvanized iron covered shed close to cauldron and incinerator to prevent materials for burning being wet by rain.
5. Erection of a bed maker's room.
6. Erection of a larger centre concrete pillar in the outpatients waiting room.

Nurses Home.

Extension of verandah along front dining room.
Installation of an enamelled iron bath.

Island Medical Office.

Building of a wooden room as an office and board room with a lunch room underneath.
2 water closets were also installed.

Vaccination.

During the past year the Vaccine Lymph sent out from England proved for some months to be very inert, large numbers of children who were vaccinated failing to show successful results much to the annoyance of medical officers and to the parents of the children.

The inactivity of the lymph seems to have been due partly to the extremely hot weather and partly due to reinforcing the parent seed through a rabbit before cultivating it on the calf.

Vaccine Lymph has since November 7th been obtained from the Mulford Company of New York and is sent down to Jamaica weekly by United Fruit Company's steamers.

The results obtained from the Mulford Company's vaccine have been very excellent.

Attached are 5 years results:—

Number.				Payments.											
Year.	Successful	Unsuccessful.	Did not return.	D.M.O.			Constables.			Registrars.			Totals.		
				£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.
1907–8 ..	22,916	524	392	915	15	0	263	14	9	220	19	8	1,372	19	5
1908–9 ..	21,662	705	562	970	14	0	254	8	8	226	0	1	1,451	2	9
1909–10 ..	22,786	653	461	1,054	8	0	279	5	8	257	1	1	1,590	14	9
1910–11 ..	23,106	617	559	993	5	0	259	1	3	246	17	4	1,499	2	7
1911–12 ..	19,784	2,933	663	757	7	0	215	10	5	251	17	5	1,224	14	10

It may be mentioned that by Circular No. 2943 dated January 1905 directions have been given that 4 Vaccination marks should be made on each child vaccinated.

Yaws.

During the year under review a great deal more attention has been given to this filthy disease than before in fact, Law 23 of 1910, the Yaws Notification Law has given the Medical Officers increased facilities for dealing with and following up the treatment of cases seen in the bush and consequently a possible chance of seeing some results of their work a thing that in the days when only one visit was paid to a patient was absolutely impossible.

One is now able to form some opinion as to whether "cures" ever take place and many are recorded even when treated outside a hospital.

Yaws in many parishes of the Island exists chiefly in mountainous localities and where water is scarce or not close at hand and where consequently cleanliness, bathing and proper sanitary precautions are negligible quantities and in the absence hitherto of Yaws hospitals combined with a Law requiring compulsory segregation, etc., treatment of this disease is a somewhat difficult matter.

Other infective diseases are segregated and rightly so, and it consequently seems only right that this disease should be also isolated so that it be not allowed to spread fron person to person without hindrance the result being that many children are kept from attending school and they simply learn to loaf at home and become lazy, possibly not even taking the medicine or cleaning and dressing their sores, remaining much longer on the sick list than would be the case were they isolated in addition to acting as foci for the spread of infection.

In view of the success already achieved by the use of Salvarsan in the treatment of this disease there is the hope that by taking cases of Yaws into existing hospitals where there is room for them, or into specially made cheap hut hospitals and using that drug a speedy cure of local symptoms, may take place, and a probable wiping out of the disease altogether, a thing that the present system can never lead to.

The following is a return and cost of the cases treated for some years past:—

Year.		Patients.	Cost.
			£
1907–8	..	2,853	384 18 0
1908–9	..	5,332	797 4 10
1909–10	..	4,555	723 1 9
1910–11	..	7,313	1,265 2 11
1911–12	(1st visits)	8,152	2,523 10 7
	(2nd visits)	4,702	
	(3rd visits)	1,884	
	(4th visits)	731	

The following are the returns from each district respectively:—
Yaws, 1911-12.

Parish.	District.	D. M. O.	1st visits.	2nd visits.	3rd visits.	4th visits.
Kingston	Kingston	L. O. Crosswell (Ag.)	1	1	..	..
St. Andrew	Stony Hill	R. S. Turton	201	..	..	..
	Lower St. Andrew	C. R. Edwards	22	..	..	..
	Gordon Town	J. J. Rogers	74	..	..	..
St. Thomas	Morant Bay	T. M. Bartlett	487	191	21	..
	Hordley	F. R. Evans	222	156	13	..
	St. Davids	C. E. Sharp	576	499	172	15
Portland	Port Antonio	C. A. Moseley	210	..	..	..
	Buff Bay	H. J. George	196	143	..	..
St. Mary	Annotto Bay	F. A. Ritchie	376	131	..	..
	do	R. M. Stimpson (Ag.)	126	..	..	..
	do	P. M. Lyons (Ag.)	6	..	..	..
	Port Maria	W. G. Farquharson	74	..	..	..
	Richmond	P. O. Malabre	1,254	887	654	271
	Gayle	G. I. Lecesne	193	166	32	..
St. Ann	Cave Valley	Geo. Hargreaves	60	52	..	..
Trelawny	Ulster Spring	E. V. Smith	152	118	3	..
	Duncans	F. A. G. Purchas	215	198	103	13
	Falmouth	A. E. C. Myers	83	87	15	..
St. James	Montego Bay	G. W. Thomson	428	449	43	..
	Adelphi	H. G. Johnston	403	244	265	217
Hanover	Lucea	F. H. Cooke	486	170	123	18
Westmoreland	Sav.-la-Mar	C. E. Harvey	14	..	..	..
	do	H. Robins (Ag.)	47	39	..	..
	Lambs River	E. H. B. Stafford	242	7	..	..
	do	J. R. LeTouzel (Ag.)	204	..	..	..
	Little London	F. A. Sinclair	199	234	44	..
	Grange Hill	G. P. Campbell	96	96	..	..
St. Elizabeth	Black River	C. H. Farquharson	43	46	..	..
	Santa Cruz	J. A. L. Calder	39	19	..	..
	do	G. E. Cheyne (Ag.)	37	9	3	..
	Balaclava	W. O. Lofthouse	183	32	..	..
Manchester	Mandeville	George Cooke	66	20	..	..
	Christiana	E. V. Halliday	14	20	..	..
	Newport	M. M. Meikle	95	99	16	..
Clarendon	Four Paths	E. R. C. Earle	40	..	..	..
	Crofts Hill	M. T. Cassidy	..	..	44	..
	do	H. T. Strudwick	240	260	117	26
St. Catherine	Spanish Town	J. H. Peck	4	..	..	..
	do	A. C. Lopez (Ag.)	14	..	..	..
	Linstead	L. M. Clark	319	39	26	..
	Old Harbour	F. O. Simpson	411	290	190	171
			8,152	4,702	1,884	731

The following are the results so far reported in regard to the use of Salvarsan in the treatment of Yaws.

	No. treated with one dose.	Cures.	Improved.	Still under treatment.	Cases injected twice.	Cases who refuse a second injection.	Relieved only.	Did not react.
Hordley ..	2	1	..	1	..	..	..	..
Port Antonio ..	165	162	..	..	7	3	4	..
Buff Bay ..	2	2	..	..	1	..	..	..
Port Maria ..	..	..	..	..	..	..	..	..
St. Ann's Bay ..	8	7	..	1	1	..	..	..
Montego Bay ..	..	..	..	..	..	..	..	..
Lucea ..	..	..	..	..	..	..	..	..
Sav.-la-Mar ..	..	..	..	..	..	..	..	..
Black River ..	..	..	..	..	..	..	..	..
Mandeville ..	..	..	..	..	..	..	..	..
Chapelton ..	..	..	..	..	..	..	..	..
Lionel Town ..	..	..	..	..	..	..	..	..
Spanish Town ..	..	..	..	..	..	..	..	..
Linstead ..	24	20	..	..	1	3	3	..
Kingston ..	..	..	..	..	..	..	..	..

OUTPATIENTS.

A large number were treated by the D. M. O.'s in their several districts. The number so dealt with during the past 3 years was as follows:—

	1909–10.	1910–11.	1911–12.
Constables ..	2,644	2,414	2,932
Prisoners ..	2,906	2,902	2.913
Pauper visits ..	17,980	23,003	9,517
Immigrants ..	5,175	11,671	19,351
Parochial Midwifery cases ..	65	87	114
Casual paupers ..	—	—	9,398
Coolie Midwifery cases ..	—	—	23
Outpatients ..	—	—	8,077
	28,770	40,077	52,325

Return showing the number of tickets issued during the year under the system of affording medical aid at moderate rates to poor persons not on the pauper roll.

Parish.	1/	2/	3/
Kingston	680	244	—
St. Andrew	—	19	—
St. Thomas	—	—30	—
Portland	—	33	—
St. Mary	—	108	7
St. Ann	—	80	117
Trelawny	—	10	—
St. James	2	29	—
Hanover	—	10	3
Westmoreland	—	16	—
St. Elizabeth	—	10	—
Manchester	4	57	—
Clarendon	—	3	—
St. Catherine	—	9	—
	686	658	127

Total number of patients treated.

The total number of patients treated in Public General Hospitals during the year under review as compiled from the nosological returns submitted by the D. M. O.'s were:—

Cases, 26,091. Deaths, 497, giving a death rate of 1.904.

The number of operations performed were 2,268, with 20 deaths, showing a death rate of .882%

Among the number of patients treated in the hospitals were the following:—

Patients admitted without charge	7,395
Indentured coolie labourers	17,322
Constables	569
Paying patients	166

Hookworm Disease.

A consistent and steady examination of short term prisoners admitted to the Spanish Town Prison since October 1st, 1911, has been made by Dr. Peck, D.M.O., in medical charge of that institution.

The results are attached showing the number of prisoners examined and the parishes and localities from which they came as well as the number proved by ocular examination of the stools to be infected.

Every parish is represented. St. Mary's parish being easily first.

As regards estates, I have no doubt that the degree of infection varies very much—some estates being doubtless more infected than others.

Coolies are known to import the disease with them and to suffer much from Ankylostomiasis. In fact of the first 8 coolies from the last batch landed and examined by Dr. Moseley at Port Antonio hospital seven were found to harbour the worm.

Until recently however it has not been generally recognised that the creole is as badly infected as seems to be the case and much of the supposed laziness and langour of the labouring classes is without doubt due entirely to the fact that they are anæmic and debilitated owing to the fact that they harbour the hookworm.

It may also be a fact and probably is, that many cases of deaths registered as malaria or undefined fever are due to this parasite. It must be remembered that about 3,000 deaths annually occur from "undefined fever" nine-tenths of which are buried without a medical certificate.

It is a great pity that treatment of this disease cannot be systematically carried out on board the ships that convey coolies to the West Indies. I am quite unable to understand what difficulty lies in the way.

The number of worms passed in some of Dr. Peck's cases were very large—493 being counted in one case.

The total number of prisoners examined by Dr. Peck and his Dispenser, Mr. DeLeon, was 428, o these 313, were found to harbour the disease and in 115 no evidence of the worms presence was found.

Doubtless had the microscope been used a greater proportion of cases would have been found infected.

Herewith the list as furnished by Dr. Peck who states that only one prisoner of the above number showed signs of anæmia and that many were accustomed to wear shoes while others resided in towns on the sea coast. (It may be that those who wear shoes do so intermittently.)

Kingston.

Smiths Village	3
Johns Lane	2
Love Lane	1
Slipe Pen Road	2
Gold Street	1
Pink Lane	1
Hannah's Town	2
Beeston Street	1
Oxford Street	1
Georges Lane	1
Victoria Avenue	1
Orange Street	1
Darling Street	1
Barry Street	1
No special address	4

St. Andrew.

Stony Hill	2
Constant Spring	1
Lawrence Tavern	1
Temple Hall	1
Red Hills	1
Padmore	2
Cross Roads	1
Brandon Hill	1
Maryland	1
Spanish Town Road	1
St. Christopher	1
Jacks Hill	1

St. Thomas.

Morant Bay	5
Port Morant	2
Trinity Ville	2
Bowden	2
York	1
Yallahs	1
Duckenfield	2
Holland Bay	1
Hector's River	1
Rocky Point	1
Dalvy	1

Portland.

Port Antonio	6
Golden Vale	2
Breastwork	2
Hope Bay	3
Windsor	2
Windsor Castle	1
Fellowship	2
Buff Bay	2
Snow Hill	1
Orange Bay	1
Low Layton	1
Paradise	1
Skibo	1
Spanish River	1
Rivers View	1

St. Mary.

Annotto Bay	9
Port Maria	12
Richmond	3
Highgate	3
Windsor Castle	2
Iterboreale	2
Brainerd	1
Crescent	2
Clonmel	2
Nutfield	2
Jacks River	1
Toms River	1
Orange River	1
Brimmer Hall	1
Newry	1
Aleppo	1

Belfield	1
Race Course	1
Burnt Land	2
Mile Gully	1
Glengoffe	1
Islington	1
Rock River	1
Kensington	1
Reington	1
Scotts Hall	1
Carron Hall	1
Bonny Gate	1
Grays Inn	1
Pleasant Hill	1
Luisiana	1
Albion Mount	1
Lewisburgh	1
Roadside	1
Epsom	1
Friendship	1
Gayle	1
Carlton	2
Rose Hill	1

ST. ANN.

Browns Town	4
St. Anns Bay	3
Carver	2
Ebenezer	1
Green Hill	1
Clarkson	1
Liberty Valley	1
Tabernacle	1
Glasgow	1
Darlington	1
Priory	3
Ocho Rios	2
Bamboo	2
White Hall	1

TRELAWNY.

Duncans	2
Clarks Town	4
Daniel Town	2
Stewart Town	1
Wakefield	1
Prospect	1
Refuge	1
Calabar	1
Ulster Spring	1
Duan Vale	1
Bounty Hall	1

ST. JAMES.

Montego Bay	4
Lottery	1
Mount Carey	1
Glanville	1
Bogue Hill	1
Vaughansfield	1
Cambridge	1
Springfield	1
Chesterfield	1

HANOVER.

Fat Hog	1
Green Island	2
Lucea	3
Mountain Piece	1
Rock Spring	1
Retrieve	1

WESTMORELAND.

Sav.-la-Mar	4
Moreland Road	1
Moreland Hill	1
Grange Hill	1
Williamsfield	2
Georges Plain	1
Black Nest	1
Little London	1
Lambs River	1
Bethel Town	1
Silver Spring	1
Develand	1

ST. ELIZABETH.

Santa Cruz	2
Black River	2
Pedro Plains	2
Fyfe Pen	1
Malvern	1
Myersville	1
Cameron Hill	1
Armstrong	1
Williamsfield	1
Bellevue	1
Mount Pleasant	1
Manchester	1
Halam	1

MANCHESTER.

Knockpatrick	1
New Green	1
Green Vale	1
Devon	1
Balaclava	1
Cottage	1
Resource	1
Fairfield	1
Studley	1
Porus	1
Highgate	1
Cedar Grove	1
Christiana	1
Simon Town	1
Walderston	1
Redberry	1

CLARENDON.

Chapelton	1
Frankfield	1
Crofts Hill	1
Mocho	2
Grantham	1
May Pen	2
Rose Hill	2
Ballards River	1
Providence	1
Tweedside	1

ST. CATHERINE.

Spanish Town	12
Bog Walk	4
Old Harbour	2
Troja	2
Linstead	2
Riversdale	2
Guys Hill	2
Point Hill	1
Pear Tree Grove	1
Harkers Hall	1
Ewarton	1
Christian Pen	1
Church Pen	1
West Prospect	1
Williamsfield	1
Hampshire	1
Jackson	1
Redwood	1
Mount Regal	1
Glengoffe	1

Owing to the above results of examination and the fact that many of the Northside coolies who are infected are now being transferred to Spanish Town Hospital it becomes a serious question as to whether the Penitentiary Farm should have the sewerage from the above institutions run on to it any longer.

Of the newly arrived immigrants that arrived recently on an estate Dr. Moseley found ova in faeces of seven of them.

It is a pity that shoes and putties are not provided for all coolies to wear.

The results from individual hospitals are as follows:—

	Cases.	Deaths.	
Morant Bay	1	0	
Hordley	0	0	
Port Antonio	87	3	
Buff Bay	3	0	
Annotto Bay	96	2	
Port Maria	7	0	
St. Ann's Bay	3	0	
Falmouth	0	0	
Montego Bay	3	0	
Lucea	10	1	
Sav.-la-Mar	1	0	
Black River	0	0	
Mandeville	1	0	
Chapelton	6	0	
Lionel Town	313	0	(partly seen in private practise)
Spanish Town	11	1	
Linstead	0	0	
Cave Valley	0	0	

Other cases have been seen in the private practises of the Medical Officers.

Dr. Turton's Report.

Since he reported 3 years ago on the prevalence of ankylostomiasis in his district it has become increasingly evident to him that this disease is responsible for a far greater amount of disability—of chronic ill-health—among the labouring population of his side of the parish than any other single cause that he can name. It is the mild infection that seems to be so insiduous in its effects before the grave and unmistakable symptoms show themselves. Over and over again within the last few years he has seen cases of chronic "debility" without any marked symptoms clear up and recover rapidly on the discovery of a very mild infection followed by specific treatment. One occasionally sees a whole family affected in greater or less degree. He writes thus of the district as only being within his own knowledge.

But he may say that he has examined every child admitted into the Industrial school during the past year: these came from every parish in the Island, and it is a rare thing to find a child from any one of the country districts that is quite free from this infection. This is of course the result of the absence of any proper system of dealing with the excreta, the earth becoming foul, re-infection occurring, and the disease spreading. Then comes physical disability, and so poverty; from this to prædial larceny is but a step and the children left to find for themselves become a curse to their neighbours by reason of the depredations—for they must steal or starve. So the vicious circle of poverty and disease becomes established, with crime as an incidental. His strong conviction is that this disease is responsible for much of the petty crime of the country districts of the Island.

Note on Ankylostomiasis in the Penitentiary.

The investigation into the prevalence of Hookworm among prisoners received at the penitentiary has been continued during the year ended March 31st 1912. Owing to pressure of other duties I was obliged to suspend the work for about four months. 232 new prisoners were examined. 167 or about 71 per cent. were found to contain hookworms. The naked eye method of examination was employed so that it is certain that many cases escaped detection; the more laborious microscopic or cultivation methods would have yielded a much larger percentage of infected cases. Coolie prisoners are not included in this investigation. Of the 167 infected cases 116 are recorded as having many worms, in the remainder only a few were found. Six cases were in the third or most advanced stage of the disease, a number showed symptoms of moderate infection. All cases improved greatly after treatment.

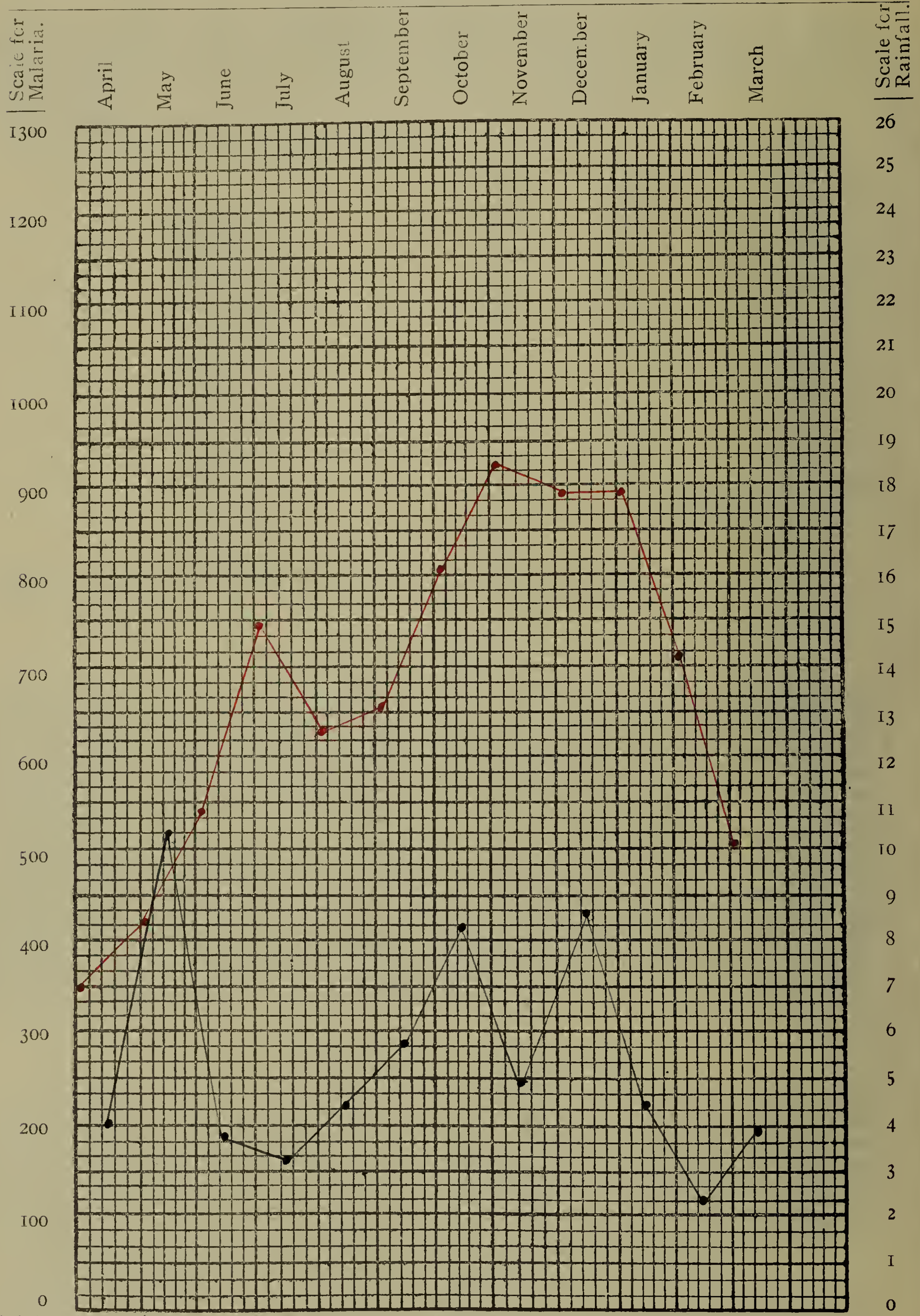
It seems highly probable that hookworm infection acting continuously and unchecked through long periods is the chief factor in the production of infantilism so often met with in this population and a frequent cause of difficulty in childbirth. Observations in the southern States of America, India and other places where the disease is endemic have shown that it is producing definite physical and mental deterioration such as skeleton dwarfing and intellectual dulness and there is reason to believe that these changes are inheritable.

The infected prisoners practically all came from moist agricultural districts, some had worked in cane or banana fields.

March 31st, 1912.

M. Grabham.

Chart showing the monthly number of admissions to the Public Hospitals in Jamaica for Malaria as well as the monthly Rainfall during the Financial year, 1911-12.



Total Admissions, 1911-12	348	417	537	741	624	651	801	920	889	892	713	500	=	8033
Mean Rainfall ...	4.0	10.31	3.81	3.22	4.37	5.71	8.28	4.92	8.46	4.40	2.34	4.88		
Average Rainfall	4.68	9.33	8.22	5.23	6.89	7.91	10.74	7.44	5.49	3.89	3.07	3.34		
Total Admissions, 1910-11	442	342	398	483	668	665	809	879	945	925	574	412	=	7542

Parishes from which Hookworm infected prisoners were received into the Penitentiary:—

	Cases
St. James	7
Manchester	20
St. Mary	13
Clarendon	21
St. Catherine	22
Trelawny	11
St. Elizabeth	10
Hanover	14
St. Thomas	6
Westmoreland	14
St. Ann	24
Portland	5
	167

The following were the admissions to the various Hospitals month by month for Malaria.

	April.	May.	June.	July.	August.	September.	October.	November.	December.	January.	February.	March.	Total.
Morant Bay	8	9	12	12	14	11	18	14	34	26	18	18	194
Hordley	12	13	20	20	34	43	47	36	25	42	41	38	371
Port Antonio	47	82	126	248	180	198	236	230	242	231	168	79	2,067
Buff Bay	15	13	27	51	30	37	67	78	67	57	51	29	522
Annotto Bay	110	145	116	180	154	175	222	344	286	314	257	172	2,475
Port Maria	21	19	18	15	31	23	33	35	54	47	45	30	371
St. Ann's Bay	4	3	1	1	..	1	1	1	1	2	..	..	15
Cave Valley	..	1	..	..	..	..	1	..	1	..	1	..	4
Falmouth	1	1	3	2	4	3	2	4	4	6	3	3	36
Montego Bay	8	9	7	6	2	4	6	..	13	8	14	7	84
Lucea	2	2	1	1	2	2	..	1	1	..	1	3	16
Sav.-la-Mar	19	20	21	26	41	45	44	43	15	12	7	15	308
Black River	2	..	3	2	5	2	7	5	5	..	4	3	38
Mandeville	..	..	1	2	..	..	1	1	..	..	..	..	5
Chapelton	..	1	1	..	4	1	2	4	3	2	2	..	20
Lionel Town	60	45	83	96	77	68	66	61	60	84	73	81	854
Spanish Town	15	12	35	47	29	18	23	43	53	38	21	17	351
Linstead	..	..	..	5	..	2	1	..	3	2	..	..	13
Kingston	24	42	62	27	17	18	24	20	22	21	7	5	289
	348	417	537	741	624	651	801	920	889	892	713	500	8,033

Quinine Sale and Distribution.

A great increase in the Quinine output has taken place this year. The system of selling quinine tablets in farthing packets at the Post Offices is developing and more of the 2.3 and 1 grain doses have been circulated than last year. Each tablet is wrapped in paper and put into an envelope and sent in hundreds to the General Post Office when requisitioned. The farthing envelope packets are marked as follows:—

1. Medical Department, Jamaica. Quinine Grains, V. One dose for an adult. Price one farthing.
2. Medical Department, Jamaica. One dose for child of 9 years and under 14. Price one farthing.
3. Medical Department, Jamaica. Quinine. One dose for a child of 5 years and under 9.
4. Medical Department, Jamaica. One dose for child under 5 years.

The amount of Quinine supplied to—

(1) The police for their own consumption has been 41,650 five grain doses or 29 lbs., 120 ozs. as against 38,675 five grain doses or 27 lbs. in the year 1910-11.

(2) The police for sale has been 6,000 packets of 5 grain tablets as against 4,350 packets in the previous year.

(3) The Malaria Commission has been 110,600 doses or 79 lbs. in 5 grain tablets.

219,302 doses or 94 lbs. in 3 grain tablets.

10,500 doses or 3 lbs. in 2 grain tablets.

Or a total of 176 lbs. as against 48 lbs. of 5 grain tablets and 93¼ lbs. of 3 grain tablets or a total of 141¼ lbs. by weight in the previous year.

(4) The Post Offices for sale has been—

221,100 packets of 5 grain tablets.

9,000 packets of 3 grain tablets.

8,000 packets of 2 grain tablets.

9,000 packets of 1 grain tablets.

Or a total of 247,100 doses of quinine of various strengths as against 167,075 doses in the year 1910-11.

The Post Office has been given to sell £173 2s. 6d. worth of quinine as against £143, 8s. 1d. in the previous year.

The reason that the smaller doses do not sell so readily may be due to the fact that the smaller doses are also distributed "free of charge" in the schools, by the Malaria Commission.

5. The various estates on which indentured immigrants are employed was 232,750 5 gain doses or 166¼ lbs by weight as against 186,200 doses or 133 pounds by weight in the year 1910-11.

The quinine I understand is not as a rule given daily on estates, a fact, I think, to be regretted.

6. The various parochial boards was 13 lbs. 140 ozs. by weight of sulphate of quinine and 2 lbs. 4 ozs. in tablet form (5 grains).

The total receipts for quinine supplied (the police being excepted) were £466 11s. 1¼d., as against £399 4s. 1½d. in the year 1910-11.

Outpatient Departments.

During the year under review a very necessary and useful innovation in hospital practise was introduced by the institution of outpatients departments in connection with the Public General Hospitals.

Every General Hospital in England has its outpatient department the usefulness of which is generally recognised. There are a large class of persons in Jamaica as elsewhere who are not in a position to pay doctor's bills and yet who are not paupers and such people by presenting a ticket at their parish hospital from a ticket distributor will be entitled to medicine free.

As soon as ticket distributors have been appointed the system will be in working order.

The rules for this outpatient department were printed in the Jmaica Gazette dated July 26, 1911.

This department should become a very useful one and should grow.

The following table shows the large increase in admissions to the Public General Hospitals that has taken place during the last ten years.

Hospital.	1902–3.	1903–4.	1904–5.	1905–6.	1906–7.	1907–8.	1908–9.	1909–10	1910–11	1911–12
Morant Bay ..	322	588	393	469	510	534	660	531	545	782
Hordley ..	471	405	387	587	707	555	629	621	537	918
Port Antonio ..	1,180	1,686	1,257	1,673	1,788	3,359	3,674	3,200	4,288	5,680
Buff Bay ..	561	1,212	2,274	734	654	937	935	755	1,216	1,341
Annotto Bay ..	1,866	3,452	1,147	3,739	4,313	4,641	5,338	5,005	6,138	5,558
Port Maria ..	1,001	1,749	1,360	1,610	1,388	1,380	1,584	1,837	2,502	2,627
St. Ann's Bay ..	220	203	191	194	252	285	264	219	235	274
Cave Valley ..	86	73	66	76	87	83	93	91	81	98
Falmouth .	272	295	313	238	262	209	252	330	308	276
Montego Bay ..	255	253	268	302	266	228	228	180	337	494
Lucea ..	234	330	290	276	224	244	241	237	295	296
Sav.-la-Mar ..	198	182	228	226	1,026	861	857	800	1,961	1,440
Black River ..	225	279	310	274	301	385	321	305	285	316
Mandeville ..	206	148	287	312	323	259	245	283	281	401
Chapelton ..	163	204	207	331	480	489	335	344	364	424
Lionel Town ..	930	825	906	1,533	3,532	2,062	1,852	2,070	1,700	2,547
Spanish Town ..	652	806	854	1,160	1,360	1,262	1,260	1,379	1,144	1,544
Linstead ..	136	212	150	..	..	..	..	..	121	195
May Pen ..	144	160	198	..	..	..	..	..	..	..
	9,122	13,162	11,076	13,734	17,473	17,781	18,768	18,187	22,338	25,211

Daily averages of country hospitals in the years 1904-5, 1910-11 and 1911-12 compared showing the very largely increased accommodation available for patients, in the year under review:—

Hospitals.	1904–5.	1910–11.	1911–12.
Morant Bay	23.6	23.32	30.38
Hordley	8.86	20.3	32.76
Port Antonio	56.46	136.55	156.26
Annotto Bay	97.82	192.77	155.54
Buff Bay	42.	32.55	42.28
Port Maria	50.7	92.80	95.50
St. Ann's Bay	20.	18.	21.05
Falmouth	19.	17.	18.42
Montego Bay	21.8	21.85	30.12
Lucea	16.	15.46	16.26
Sav.-la-Mar	15.	87.46	74.66
Black River	21.	16.	21.04
Mandeville	19.7	21.17	31.73
Chapelton	18.11	32.24	35.81
Lionel Town	37.0	73.91	71.47
Spanish Town	34.3	75.45	111.33
Linstead	12.8	7.2	16.79
Cave Valley	6.	6.	6.07
Dry River	12.6	—	—
Totals	532.69	890.03	967.47

Dispensers Increases of Salary.

During the year His Excellency the Governor approved of an increased scale of remuneration for the Dispensers at the Public General Hospitals outside Kingston. A scale accepted and passed by the Hon. Legislative Council.

It was felt that Dispensers had nothing to look forward to as the usual highest salary did not exceed £60 per annum, in fact varied from £48 to £60 with a daily ration of food from the hospital store to the value of one shilling. Furnished quarters are of course allowed but there has been no regular inrcement to look forward to and no maximum salary to work for.

Under the new system all dispensers commence with as alary of £72 which includes food allowance in addition to which an increment of £2 per annum will be given under favourable conditions, until the salary reaches £96 per annum.

The dispensers at present attached to country hospitals have been given the option of either taking their food allowance in money (one shilling per day) or of taking it in kind out of the store, as has been the custom.

Two only have elected to take their ration in kind—consequently the salaries of these latter two dispensers will only rise to £78 per annum in addition to a ration of food from the hospital store.

In addition to the above change one dispenser has been given a sudden rise of £10 in view of long service and heavy work in a crowded hospital while other dispensers have been given a rise of £5 for the same reason.

Dispensers at hospitals in view of the change of condition will be required, in future, to dispense medicines for paupers if required to do so.

I am also glad to record a good many increases to the salaries of nurses, etc., in the various Public General Hospitals.

Typhoid outbreak at the Depot Spanish Town, 1911.

An outbreak of typhoid fever took place at the depot (police recruit station) Spanish Town specially notable during the month of July when there was a sequence of cases as follows:—

Eph. Rose, April 1911. S. J. Lawrence, June 1911. C. S. Robinson, July 1911. V. M. Bailey, July 1911. J. S. Nicholson, July 1911. Joseph Peart, July 1911. Charles Davis, Sept. 1911.

An investigation was held, during which Dr. Scott, the Government Bacteriologist examined 54 specimens of blood taken from 54 of the staff of the Depot by the Widal Agglutination test both for Typhosus and Paratyphosus.

The examination of 6 of these specimens was carried out twice on separate occasions.

Eight specimens were found to be positive to Typhosus or Paratyphosus or to both.

Two of the police, Sergeant [H.] and Corporal [S.] were shown to be carriers—the former a paratyphoid carrier and Corporal [S.] a Typhoid carrier.

Their histories are as follows:—

Sergeant [H.] states that he suffered from fever of 3 weeks duration some 22 years ago and has had slight attacks since that time but during the last four years has had none at all.

His duties are those of Armourer Sergeant in which he naturally has the fingering and handling of guns used by the recruits which guns may be at times used by the recruits very shortly after being handled by him. It is worthy of consideration as to whether infection may not possibly be spread in such manner.

With regard to Corporal [S] history it would appear that in September of the year 1909 he contracted typhoid fever in Spanish Town and was brought to Kingston in the early stages of the disease.

He resumed duty apparently in November, 1909.

His duties are those of instructor to the recruits.

During the time that food was served out from the Food Store he has been in the habit of going into the store and chatting to his friend Corporal Wood the storkeeper in charge of the store—possibly he may have helped the storekeeper from time to time to serve out food.

However he did actually act as storekeeper instead of Corporal Wood from August 1st to within a fortnight of which time a recruit, Charles Davis, sickened and was admitted into hospital on Sept. 6th.

The system of latrine accommodation at the Depot was the bucket system, always a questionable system, especially where people are sickening for typhoid fever or where carriers are present.

The Depot was removed to Kingston in 1911 where a proper water carriage system of sewerage is installed, and the two carriers were isolated for a while in the Public Hospital, Kingston.

Since the transfer of the Depot to Kingston no case of typhoid fever has occurred among the recruits.

The daily sick rates for the months of October, November and December, 1910, when the Depot was in Spanish Town was 12.6 while the daily sick rate for the same months of the year 1911 after the Depots removal to Kingston was only 5.3. A great improvement has thus taken place in addition to which recruiting has increased greatly.

Other epidemics of enteric fever have occurred at Clarks Town, Mandeville and Bronte, but cases of enteric fever have been much in evidence in many districts of the Island and cases have occurred among the police also in the Constabulary station at Spanish Town and in the town itself.

Referring to this disease it will be noted that the Registrar General in his report for the year ending March 31st, 1910, puts down sandwiched between the heading "Malarial Fever" and Malarial Poisoning" an item "Fever (undistinguished)." It must not be supposed for one moment that these cases are all "Malarial." The longer one lives in Jamaica the more is one convinced that very many if not the majority of these were cases of enteric fever—(Typhoid or Paratyphoid) and some possibly cases of hookworm disease. Of 3,201 cases classed in this manner 27 only had medical certificates of death. Again, in the Registrar General's report for the year ending March 1911 there are 2,921 such cases recorded only 37 of which had medical certificates of death. Consequently these cases may have been any class of fever, or any disease accompanied with fever.

It is a matter of congratulation that the medical department now has a medically trained bacteriologist whose examinations assist in the diagnosis of enteric fever. Over 800 bloods have been examined by the Widal Agglutination test.

In a tropical climate there is rather a tendency among the non-medical community to class everything in which fever is present under the heading "fever" meaning probably malaria.

As a matter of fact many a disease that would probably have been classed as malaria in years gone by is now found on bacteriological examination to be enteric (Typhoid or Paratyphoid).

No wonder that "carriers" have got a head of us and are probably spreading the disease broadcast.

A serious outbreak of dysentery took place during the summer in Lucea and its suburb Johnston Town.

There were, as Dr. Cook states, 65 cases reported with 19 deaths. The conditions at Johnston Town were just what one would expect to give rise to dysentery.

A drought took place—water was scarce and the people of Johston Town had to depend for water almost entirely on shallow wells dug in their compounds.

The shallow wells were mostly unprotected in any way from surface contamination or soakage.

Latrines opening behind for poultry to scratch about in were in close proximity and in one case a pig stye, and several of these wells were almost alongside the main road.

This state of affairs can very easily be put to rights by the installation of a proper public water supply by pipe. Inasmuch as foul water is a constant source of dysentery the continuation of such a state of affairs is quite undefendable, the deaths being quite unnecessary deaths. I collected during my visit to Lucea 6 specimens of well water which were reported by Dr. Scott after examination to be hopelessly contaminated.

OVERCROWDING IN HOSPITALS.

Overcrowding has been somewhat marked in Port Antonio Hospital during the past year where on one day alone 259 patients were housed.

Annotto Bay as usual has been at times very full, having had 230 patients as inmates on one day.

It is a matter of congratulation that all the Panama Marquees are now condemned.

Port Maria hospital has been grievously overcrowded, having had on one day as many as 148 patients as inmates, considering the want of ventilation and the heat and the overcrowded state of the hospital at times it is a wonder that some septic disease has not broken out, and it is a marvel to me how any decent work can be done in this hospital at all or how any D. M. O. can take any interest whatever in the work of the hospital.

The hospital cannot extend because it has no land around to extend on and it cannot be ventilated on the roadside because of the dust in addition to which the ventilation of the male ward on the east and west sides is very poor, and that of the female ward on the west side is bad.

The erection of a new hospital allowed for on the estimates of the current year will be a great boon to the people who live in the Port Maria district, but there must be sufficient cubic and air space for all admitted in addition to power of extension if necessary.

SALVARSAN.

During the year the remedy known as "606" was supplied to various medical officers. The results have been eminently satisfactory as is shown by the reports attached under the heading Yaws, but the injections do not seem however to have the same consistently good and rapid effect on cases of Syphilis as on Yaws, perhaps to some extent due to the fact that the pain resulting from the injection, and which in some cases is occasionally severe, lasts for some time, so much so that patients refuse a second injection.

Dr. Joslen in a communication dated March 27th, states as follows:—

"I regret to say that patients object to the pain caused by the Intramuscular injection of Salvarsan so much that in some instances they refuse a second injection. Just recently I have had a case of extensive tertiary syphilitic disease of the Vagina which improved to an astonishing degree after one injection; a month after I suggested a second injection but she absolutely refused in spite of the marked improvement after the first injection."

This is a difficulty with which the medical practitioner has to contend and which hampers him in his treatment of cases.

The reports of the medical officers on this subject were laid on the Table of the Hon. Legislative Council.

New Notification Law.

A Bill entitled "A Law to provide for the Notification of Infectious Diseases" was passed in Council during the year.

Law 22 of 1898 and Law 19 of 1899 which are absorbed into it are repealed in consequence.

The chief changes made in the new Law are as follows:—

1. All Notifications of Notifiable Infective disease in accordance with section 2 sub-section 1 (a and b) are for the future in the parishes to be made to the Local Boards of Health only, instead of as has been the custom under Law 22 of 1898, to the district medical officers by laymen and both to the district medical officer or medical officer of health, if there be one, as well as to the Local Board of Health by medical practitioners. The medical practitioners are thus saved making two notification as Law 22 of 1898 required.

In Kingston notifications will be sent to the Health officer as under Law 22 of 1898.

2. It will for the future be the duty of the Local Boards in the parishes to report notifiable infective diseases to the Central Board of Health and to their own Health Officer, while in Kingston the notification will as before be made by the Health Officer to the Central Board of Health. (Section 2 subsection (1) (c) under Law 22 of 1898 the District Medical Officers and Health Officers had to make the reports to the Central Board of Health.

3. Section 3.

Where a child is an inmate of a house in which any infective disease prevails such child may be prevented from going to school for such time as is considered advisable, by the Health Officer or Local Board.

4. The number of infective diseases in section 5 have been increased by the addition of—

1. Paratyphoid fever under the heading "enteric"
2. Epidemic Cerebro Spinal Meningitis.
3. Pulmonary Tuberculosis and
4. Leprosy.

The notification of pulmonary tuberculosis which was recommended for Kingston by the Central Board of Health some years back is a decided step in the right direction.

New Bedsteads.

Have been supplied to the following hospitals:—

Iron Folding.

Spanish Town	55
Black River	5
Hordley	13
Sav.-la-Mar	15
Kingston Hospital	3
Lepers Home	10
Buff Bay	15
	116

Spring.

Annotto Bay	3		Extension and self lifter.
Montego Bay	3		do
Linstead	2		do
Mandeville	2		do
Port Antonio	8	3	do
Morant Bay	3	1	do
Sav.-la-Mar	2	2	do
Port Maria	3	all	do
Cave Valley	1	all	do
Buff Bay	5	2	do
St. Anns Bay	2	all	do
	34		

During the year three beds of a new pattern have been supplied to the Lying-in-Hospital, each bed has a cradle hung at the end in which a baby can be laid so that the mother may have her bed to herself.

Absence of Isolation Wards.

One of the chief difficulties in all our hospitals is the absence of sufficient accommodation for the isolation of cases that need isolation.

There are not many hospitals that could properly isolate a few cases with safety; the system of having infective cases mixed with non-infective cases is a dangerous one as a little carelessness on the part of a nurse may lead to trouble.

"Dr. Joslen in a communication dated March 22nd calls attention to the complete absence of any means for isolating cases of Typhoid or other dangerous infective disease in St. Anns Bay Hospital and possibly in the entire parish. "

This is a state of affairs that should be remedied as soon as possible and one may say that just by good fortune more than anything else the various P. G. hospitals have escaped being overloaded with serious infective cases with which they have no means of dealing.

Water Supplies.

Below are appended the remarks of some of the medical officers on the matter of water supplies, Pure water supplies are very necessary, as foul water, as in the case of the outbreak of dysentery at Lucea.

may cost the country a great deal in unnecessary loss of life. Where bad water supplies exist an outbreak of water-borne disease may occur at any time and where insufficient water supplies exist efficient sanitation is handicapped.

Dr. Earle D. M. O. May Pen makes the following remarks:—

"The water supply of May Pen has been, is and will continue to be most unsatisfactory so long as present conditions exist. Water famines are of frequent occurrence, one is going on now causing suffering and inconvenience to the inhabitants, who pay high water rates and who have no means of procuring water when the public supply fails. One chief cause of the failure of water is the bursting of old and worn out pipes and several days must apparently elapse before the repairs can be effected.

Considers that the whole system of water supply should be enquired into in order to ascertain exactly the condition of pipes and that the whole system be permanently put in good order.

During the periods of non-supply water has to be obtained from all sorts of places even the ponds on neighbouring estates kept for watering cattle and other live stock. Again when the wet weather is present and the Rio Minho is down the water is practically "liquid mud" unfit for bathing purposes much less for drinking or culinary use. Some people boil the water but this is a small minority. The water needs filtering and a reservoir is needed to store the water in so that if a leak occurs water could still be had.

Four Paths has no water supply at all and in dry weather the people are in great stress even having to resort to the tanks of the railway engines. There is a well on a private property near the town but it is not available for general use for the public.

There are also one or two ponds which are utilised when no rain water is available.

Dr. Thomson D. M. O. Chapelton makes the following remarks:—

"No public water supply exists in any village in the district."

Dr. Malabre, D. M. O. Richmond makes the following remarks:—

"The water supply of both villages depends upon Springs all of doubtful purity and liable to pollution and wonders whether the rum shops provide pure water for their customers. Wonders whether the ærated waters are pure and whether the empty bottles are washed in pure water before refilling and whether the dust that gets round the glass stoppers may not be a source of disease.

Dr. Ritchie, D. M. O. Annotto Bay remarks:—

"The water supply is good being laid on by pipes."

Dr. Cooke, D. M. O. Lucea, remarks:—

" In Johnston Town the water supply is obtained from shallow wells; samples were sent to the Island Bacteriologist and found to be badly polluted. The wells are in many cases open, shallow wells, a few feet deep, having no retaining walls and are situated in the people's yards, subject to all sorts of pollution.

The Board he thinks has installed a hydraulic pump, for pumping water into the Reservoir."

Dr. Sinclair D. M. O. Little London, remarks:—

"With the exception of 4 wells, 3 of which have existed for many years there is no provision made by the public authorities for a water supply in any part of the district.

Water is obtained from rivers, streams and ponds all of which are more or less polluted although contrary to what one would expect little harm seems to have been done by the water, filthy as it sometimes is—although he attributes the large number of worms to be due to drinking dirty pond water.

In one district the only water obtainable is from a pond on a property where a large number of cattle and mules are kept. These animals defaecate and micturate into the pond the water of which in dry weather is more like oil than water in consistence and yet he cannot point to any case of sickness directly due to this water.

Dr. Harvey, D. M. O. Sav.-la-Mar:—

"The water supply in the dry weather is insufficient."

Dr. Lofthouse, D. M. O. Balaclava:—

"The general water supply for certain classes is taken from the river half a mile from the village; in dry weather this gets practically undrinkable for at times the stream almost ceases to flow and then, with the washing of clothes, horses and persons in that water all along the course of the river from Auchtembeddie to Wallingford Bridge it is only a miracle that no serious outbreak of some infective disease has occurred.

Representations having been made to the parochial board that body has lately declared the stream to be a public water supply from its head at Auchtembeddie down to Wallingford and now a better state of affairs is hoped for.

Dr. H. Strudwick, D. M. O. Crofts Hill:—

"The water supplies come almost entirely from the rivers and streams which abound in the hills."

Dr. Hargreaves, D. M. O. Cave Valley:—

The public tank has been cleaned and covered and if the authorities will disconnect the down pipe after a drought and allow the first rains to clean the roof and gutters of the market building good water may for the future be obtained.

When the new reservoirs are built Brown's Town assisted by its natural conditions should be a most healthy spot.

Dr. Neish, D. M. O. Port Royal:—

"Water supply is plentiful and good but people will not turn off the taps."

Dr. Turton, Stony Hill:—

"The water supply of the district generally is from surface springs. He would point out for the twelfth year in succession, that the water supply of Stony Hill is derived from a spring which is fed from ground on which are privies and mule sheds, and which receives shop-sweepings, household refuse and road washings. The risk to the public health is great, as the conditions for the outbreak of an epidemic of water-borne diseases are all present.

Dr. George, D. M. O. Buff Bay:—

"Until a water supply is installed Buff Bay cannot be considered sanitary."

Dr. Lecesne, D. M. O. Gayle:—

Has called the attention of the parochial board to the necessity for protecting the water supply and he understands that estimates of cost are to be prepared for carrying out proposals on lines suggested by him. The water supplies of Mount Angus, Derry and Windsor Castle have been included in the scheme.

Dr. Myers, D. M. O. Falmouth:—

"The water supply is fairly good but there is no means of filtration or protection of storage."

Dr. Smith, D. M. O. Ulster Spring:—

"Something more could be done for the water supply."

Dr. Purchas, D. M. O. Duncans:—

"The water supply is usually got from ponds. Stewart Town has a supply in the Domach River."

Dr. Halliday, D. M. O. Christiana:—

"There is no public water supply in either of the villages of Christiana, Spaldings or Mile Gully. In the first two places water is chiefly obtained from small springs or water holes—in the latter from tanks or ponds .

Dr. G. Cooke, D. M. O. Mandeville and Porus:—

"The sanitary condition of Mandeville has been immensely improved since the water from Battersea reservoirs has been laid on.

The water supply of Porus is very bad, only one well (not spring) which has been condemned over and over again although in time of drought the water has to be used—the Porus river, some distance away, drains this district, the sanitary condition of which I have already described and the quality of the water may be imagined.

The people cannot be persuaded to boil the water they drink, and still no enteric—no dysentery.

Dr. Meikle, Newport:—

"There is not much change in the water supply except the completion of public tanks at Queentown and Marley Hill where the catchment area consists of barbecues and at Pratville where the catchment area is the Church roof.

Dr. Peck, D. M. O. Spanish Town:—

"Tanks are needed in the St. Johns (Kitson Town) district and also at Highgate."

Dr. Lawson Gifford, D. M. O. Kingston:—

"As to the water supply this is now thoroughly satisfactory both as to quality and quantity. Hitherto the supply was apt to become restricted during dry weather but now that the ample source of the Ferry river has been tapped, the inhabitants of the city will no longer be liable at times to be haunted by the spectre of a possible water famine."

I would call attention to the condition of drought that sometimes exists in St. Elizabeth parish where people have at times, as I have seen them doing, to walk many miles to obtain a drop of water.

* * * * * * * *

I have the honour to be,
Sir,
Your obedient servant,

J. E. Ker,
Suptg. Medical Officer.

TABLE I.

Hospital.		Mortality Rate.	Largest daily number.	Smallest daily number.	Daily average.	Daily total cost per patient.	Daily cost under heading maintenance only
						s. d.	d.
Morant Bay	..	4.4	40	19	29.32	1 0	5½
Hordley	..	1.41	47	15	32.59	1 0½	5½
Port Antonio	..	1.004	259	78	155.62	0 11	6¼
Buff Bay	..	5.7	64	19	42.3	1 0	6¼
Annotto Bay	..	1.181	230	89	155.5	0 8	4¾
Port Maria	..	4.54	148	53	95.84	0 9	5
Saint Ann's Bay	..	4.37	27	13	21.04	1 1¾	5¾
Cave Valley	..	2.91	10	2	6.25	1 6¾	6
Falmouth	..	8.36	30	10	19.04	1 3¾	5¾
Montego Bay	..	6.27	49	23	31	1 2¼	6½
Lucea	..	4.4	21	10	16.4	1 4½	6¼
Sav.-la-Mar	..	1.2	117	42	74.6	0 9	5½
Black River	..	4.7	36	11	21	1 1¼	5½
Mandeville	..	5.8	37	21	30.2	1 2¾	7
Chapelton	..	7.07	44	28	35.96	1 0½	6
Lionel Town	..	1.21	120	33	71.30	0 9	4½
Spanish Town	..	4.7	163	66	115.43	0 9	4½
Linstead	..	2.39	26	5	16.79	1 4¼	6¼

Summary of Diseases treated in the various Hospitals of Jamaica for the year 1911-1912.

General Diseases.	Cases.	Deaths.
Chicken Pox	1	
Measles	1	
Mumps	5	
Influenza	8	
Whooping Cough	1	
Enteric Fever	164	40
Para Typhoid	15	1
Cholera	4	
Dysentery	186	10
Malarial Fever—		
Intermittent	7,434	37
Remittent	327	21
Pernicious	87	11
Black Water Fever	4	
Pyæmia	4	
Septicæmia	19	14
Puerperal Fever	3	
Tetanus	14	10
Tubercular	68	15
Leprosy—		
(a) Tubercular	2	
(b) Anasthetic	1	
Yaws	255	1
Malta Fever	1	
Typho-Malarial Fever	1	
Chancroids	4	
Syphilis—		
(a) Primary	278	1
(b) Secondary	168	2
(c) Tertiary	181	3
(d) Inherited	61	3
Gonorrhœa	434	
Alcoholism	2	
Delirium Tremens	1	
Rheumatism	1,528	
Rheumatic Fever	3	
New Growth—		
Non-malignant	83	1
Malignant	63	9
Anæmia	327	7
Debility	104	9
Beri-Beri	10	
Vomiting Sickness	2	2
LOCAL DISEASES—		
(1) Diseases of the Nervous system—		
Neuritis	89	
Meningitis	8	2
Myelitis	1	
Hydrocephalus	1	
Abscess of Brain	2	1
Congestion of Brain	4	
(2) Functional Nervous Disorders—		
Apoplexy	14	1
Paralysis	34	1
Chorea	2	
Eclampsia	1	
Epilepsy	31	3
Neuralgia	247	
Hysteria	17	

General Diseases.	Cases.	Deaths.
(3) Mental Diseases—		
Idiocy	4	
Mania	8	
Melancholia	3	
Dementia	2	
Delusional Insanity	3	
Other Diseases	3	
Diseases of the Eye	308	
Ear	77	
Nose	5	
Circulatory system	665	23
Respiratory system	739	63
Digestive system	1,844	75
Lymphatic system	216	3
Generative system—		
Male organs	271	5
Female organs	257	5
Urinary system	324	49
Organs of locomotion	251	4
Cellular tissue	611	5
Skin	4,111	8
Cons on Pregnancy	15	
Pregnancy	13	
Diseases of the Bones and joints	2	
Ulcers	73	
Affections consequent on Parturition	2	
General Injuries	103	16
Local Injuries	1,697	23
Malformations	4	
Poisons	5	1
Parasites—		
(1) Ankylostoma Duodenale	470	7
(2) Ascaris Lumbricoides	9	
(3) Filarial Diseases	7	
Any other variety	24	
No Diseases	1,656	1
Malnutrition	3	1
Inanition	2	1
Total	26,091	497

Total number of cases 26,091

Total number of deaths 497

Death rate 1.904%

OPERATIONS.

Summary of Surgical Returns, 1911-1912.

Surgical Operations.	Cases.	Deaths.
Abscesses—		
Incision of	500	3
Abdominal operations for—		
Volerelus or obstruction	3	1
Laparotomy (undefined)	20	4
Gastro-jennostomy	2	1
Hysterectomy	10	
Oophorectomy	1	
Prostatectomy	1	
Ovariotomy	2	
Calatomy	2	
Fœcal fistula	1	
Ectopic Gestation	5	
Appendicectomy	1	
Ventral fixation of Uterus	1	
Amputations—		
Arm	1	
Forearm	6	
Fingers	51	
Thigh	27	
Leg (below knee)	6	
Foot	10	
Toes	37	
Breast	11	
Penis	5	
Aneurysm—		
Ligature of artery	7	
Bladder and Urethra —		
Stricture—dilatation of	156	1
Internal Urethrotomy	4	
External Urethrotomy	36	9
for Perineal Abscesses	9	1
for Extravasation	1	
Tapping Bladder	1	
Bones—		
for Caries	7	
for Necrosis	18	
Osteotomy	3	
Sequestrotomy	22	
for United fracture	1	
Eye—		
for Pterigium	11	
Iridectomy	4	
Cataract-extraction	1	
Needling cataract	5	
Enucleation of Globe	18	
Removal of Growth	1	
for Hypopijon	1	
Capsulatomy (for secondary cataract)	1	
Foreign bodies removed from—		
Chest	1	
Ear	9	
Eye	12	
Face	1	
Finger	4	
Foot	6	
Hand	7	
Nose	5	
Skull	1	
Side	1	
Face, Nose, Mouth—		
Polypus removed	5	
Tonsil	44	
Ganglion—		
Excision of	2	

Surgical Operations.	Cases.	Deaths.
Joints—		
Arthrotomy	15	
Reduction of	21	
for adhesions	7	
Excision	2	
Paracentesis	5	
Lymphatic Glands—		
Excision	65	
Scraping	2	
Hernia—		
Reduction of	4	
Radical cure of	25	
Hermiotomy for strangulation	10	1
Fractures—		
Simple and compound	153	
Male generative organs—		
for Paraphymosis	13	
Hydrocele-radical cure	21	
Hydrocele, tapping	33	
Circumcision	117	
Chancroids-cautery	70	
for Varicocele	1	
Warts, cauterising	1	
Female generative organs—		
Curetting	63	1
Hysteropexy	2	
for Atresia	4	
for Ruptured Perinium	1	
Cervix, cauterising	1	
for Recto vaginal fistula	1	
for Cabuncle	3	
Vulva, removal of	1	
Rectum and Anus—		
for Fistula in Ano	9	
for Stricture	5	
for Hæmorrhoids	15	
Neuroma—		
Dissection from stump	2	
Paracentisis—		
Abdominis	40	
Thoracis	5	
Plastic operations—		
Arm	2	
Elsewhere	1	
Incisions—		
for cellulitis and carbuncle	34	1
Trepgining—		
Mastoid cells	9	1
Skull	1	
Tracheotomy	1	
Tendons—		
Suturing	127	
Tenotomy	13	
Tumours and Cysts—		
Removal of	104	3
Ulcers—		
Scraping	112	
Cauterising	4	
Tinuses—		
Laying open	33	
For Eurpyema	1	
Total	2,268	20

Total number of cases	2,268
Total number of deaths	20
Death rate	.882%

The Pathological Laboratory,
April 25th, 1912.

To the Honourable,
The Superintending Medical Officer.

Sir,

I have the honour to place before you my report upon my work as Government Bacteriologist during the official year ending March 31st, 1912, in so far as that work has been concerned with the medical department; the Veterinary pathological work is dealt with in my report to the Dierector of Agriculture.

I have had the assistance of Mr. S. M. Dailey who has showed not only readiness in following directions, but considerable aptitude for the work of preparing media, sterilising apparatus and so forth, and I am glad to be able to say that without his help in many necessary, routine matters, it would have been impossible to deal with the large number of specimens which have been sent to the Laboratory.

As will be seen by the tables appended hereto the total number of specimens dealt with amounted to 2,710 in the twelve months.

Scientific details of the various items would be out of place in a general report such as this on the work done, and a glance at the table appended will show how this enormous number is made up. Many of them do not call for more than passing mention. Thus Vaccine Therapy, has on the whole been remarkably successful; besides the stock Vaccines, 86 autogenous vaccines have been made and reports sent in as to their results have been almost uniformly successful.

His Excellency the Governor authorised the publication of an extract from my report in September giving details of cases treated by Vaccines, and a copy was sent to medical practitioners in the island, so there is no need to dilate further upon this form of treatment here. Suffice it to say that in obstinate gonorrhœal cases which had resisted treatment for weeks, and, in some cases, even months, amelioration followed almost immediately on the employment of autogenous vaccines, two doses at 10 days intervals in many cases apparently clearing up the condition. The reports sent to me from various parts of the island have been much more favourable than the Journals give of cases at home, the reason being, I believe, that the doses there given are quite inadequate: Thus, one authority states that there is "very little improvement even after some months treatment," later he says, "2½ millions is a safe initial dose" but generally one million should not be exceeded" and "treatment will have to be continued for about a year; a maximum of 50 million is hardly ever exceeded."

Personally, if there is joint involvement, as there usually is in old standing cases here, I start with 200-250 million, and increase till improvement occurs, which, as already stated, usually shows itself within a fortnight.

Mention should also be made of benefit resulting from the use of a vaccine of B. Pyocyaneus in a case of long standing "dysentery" and of tuberculin in several cases of chronic tubercle.

The following matters, bearing as they do, so strongly upon the general health of the island, cannot be so lightly passed over.

Keeping in mind the importance of the question, I will place before you the facts as briefly as I can, consistently with accurate description.

1. Enteric Fever. Early in the year (April 1911), His Excellency appointed a Commission to enquire into the prevalence of this disease in Kingston and its suburbs. The members of the Commission from the epidemiological aspect were Dr. Angus Macdonald for Kingston, and Dr. R. S. Turton for St. Andrews, while the bacteriological work in connection therewith was relegated to me.

This Commission has already presented a report on work up to the end of January 1912; so I need not refer specifically to the findings of that more restricted investigation. More interesting and more important a matter to place before you is the prevalence (as far as can be inferred from the bacteriological aspect) of enteric fever generally over the island.

The question may be dealt with under the following heads:—

1. Investigation into the prevalence of typhoid fever at the Constabulary Depot, Spanish Town.
2. Investigation into the prevalence of this disease in Kingston and its suburbs; this had several subdivisions, such as that at the Penitentiary, that at Stony Hill, and so on.
3. The prevalence of enteric elsewhere in the island.

1. Briefly, the Spanish Town investigation may be summed up as follows:—

In October and November, 1909, a Corporal was ill with typhoid fever, and, after a short holiday, returned to the Spanish Town Depot for duty.

Thereafter there was a rapid succession of cases with an excessively high mortality rate, namely, 60%, and investigation was taken in hand in August. The blood of all those stationed at the Depot, 54 in number, was examined, and of these 6 yielded a positive reaction; by further examination two carriers were isolated, one a typhoid, the other a paratyphoid carrier.

The chronic paratyphoid carrier is considered to be very rare, therefore it is worthy of record that this man's illness dated from 1889, or 22 years ago. He had had no fever since that time, so that this case exceeds in length of "carrying" of the bacillus any previously reported in medical literature.

These were the only two cases found to be "carriers," and they were taken into hospital in order that examinations might be undertaken to find out whether the "carrying" was continuous or intermittent, and also to impress upon the men the importance of precautionary measures to prevent further dissemination of the disease. It is most satisfactory to be able to state that, subsequent to this, no further case in connection therewith has occurred.

2. The "Kingston and Suburbs" investigation committee sent in a report to the end of January, so that detailed description of the bacteriological work in connection therewith is not called for here; all that remains is to summarise briefly the results to the end of March.

In connection with this enquiry 515 specimens of blood have been examined for reaction both with B Typhosus and B. Paratyphosus. Of this number 207 or 40.2% reacted positively with Typhosus, 101 or 19.69% agglutinated B. Paratyphosus, while the remaining 207 or 40.2% were negative to both.

The numbers sent up by the medical staff of the hospital amount to 282, of which 127 or 45.04% agglutinated B. Typhosus, 48 or 17.02% agglutinated B. Paratyphosus in higher dilution, the remaining 107 or 37.94% gave negative results.

Deducting the hospital cases from the total sent up from Kingston, there were 172 bloods examined, of which 52 (or 30.23%) gave a positive reaction with Typhosus, 34 (19.77%) positive with Paratyphosus and 86 (50%) were negative.

The large increase (as seen in Table I) in the number of examinations carried out during the last two months of 1911 and the first two of 1912 is mainly due to special investigations being undertaken at the instigation of the Superintending Medical Officer of those employed at the General Penitentiary, where several cases of enteric fever occurred, and also of all nurses employed at the public hospital.

In addition to these, however, more specimens were sent up during these months by private practitioners.

A further point of great importance, not mrely from the scientific aspect, but from the public health point of view, is the relatively large proportion of cases reacting positively to B. Paratyphosus in higher dilution than to B. Typhosus. Thus, of the total number from Kingston and St. Andrew giving a positive reaction to one or other organism, viz., 308, only 207 or 67.2% gave the Typhosus reaction, while as many as 101 or 32.8% gave the Paratyphoid; of the 175 positive hospital cases, 127 or 72.57% were reactions to Typhosus, while 48 or 27.43% agglutinated B. Paratyphosus in higher degree.

Again of the 86 positives from other patients in the city of Kingston, 52 or 60.46% gave a Typhoid and 34 or 39.54% a Paratyphoid reaction.

It may be said therefore, that on an average one case in three (accurately 33.24%) reacts positively to Paratyphosus in higher dilution.

From other parts of the island 301 specimens of blood have been sent up, of which 134 or 44.51% gave a positive Typhosus reaction, 69 or 22.92% a Paratyphosus, and 98 or 32.57% were negative. These figures are clearly set out according to the various districts in Table VI. Speaking merely of the positive reactions, here again we see that 33.99% of the whole give the Paratyphoid.

But, though so large a proportion yielded a positive result with the latter organism, it would be erroneous to infer that the patients were suffering from "Paratyphoid Fever" for I am convinced, and proofs in support of the statement are accumulating rapidly in my work here, that many of these apparently "Paratyphoid" cases are in reality Typhoid. The total number of blood-sera examined by me during the year has been over 800, and as soon as the thousand is reached I intend to publish in detail the results of investigations into the value and significance of this Gruber-Widal reaction, more particularly in respect of those cases which yield a positive result with B. Paratyphosus in higher dilution than with B. Typhosus, though clinically to all appearance typical of typhoid fever.

One point which I consider of importance sufficient to be mentioned now, and it is not merely of academic interest, but of undoubted gravity from the public health point of view, is this:—

Seeing that cases giving the "Para" reaction are so relatively frequently met with out here, that such are not seldom fatal, and that they are capable of spreading the disease, it would be well if such cases were madenotifiable, under the heading of enteric fever, thus "enteric fever, bacteriologically typhoid" (or para-typhoid as the case might be); by this means cases would not be missed, as I believe they frequently are at present, owing to non-notification on the plea that "the case is not true typhoid fever."

The appended tables are sufficiently self-explanatory to enable me to dispense with more detailed remarks on this interesting subject and one moreover of vast importance from the point of view of the public health of the island.

Table I. gives the results of examinations of sera in connection with the Kingston and St. Andrew investigation for each month since its commencement.

Table II. gives the hospital cases separately.

Table III. the same for specimens sent from the General Penitentiary.

Table IV. those sent from the Reformatory, Stony Hill.

Table V. the results of the examination of sera of nurses doing duty at the General Hospital, Kingston.

Table VI. numbers and results of examination of specimens sent up from other parts of the island.

Tables I and VI of course show a large percentage of negative results, because the sera were obtained from apparently healthy subjects.

Agchylostome affection has proved to be very widespread. 184 specimens have been sent up to the Laboratory, and in 129 the ova have been seen to be present. This is a high percentage, 70.1%, and probably if the excreta of all coolies coming into Jamaica were examined, the proportion would be still higher.

The last point worthy of special mention in this report is the discovery of a new bacillus associated with what is, so far as I am aware, a hitherto undescribed condition. A full account of this disease and the bacillus associated with it was sent to the Editorial Committee of the Journal of Tropical Medicine and Hygiene.

I have just heard that my article has been accepted by the Committee and will be published in the April number of the Journal.

Scientific details will not be given here, suffice it to say that I have up to the present met with three cases, one from Montego Bay, one from the hill district of St. Andrew's, and one from the suburbs of Kingston; two of these terminated fatally.

To the bacillus I have given provisionally the name of B. Seroficus or Serofacicus, owing to its giving rise to abundant formation of serous fluid; it is associated with a condition of bacteriæmia, and judging by the cases I have encountered has a high mortality.

Even a hasty survey of the appended Tables will suffice to point out the extent to which medical men, not only in Kingston but all over the island, are taking advantage of the benefits afforded to them in general practise by laboratory investigations. For these investigations to be of full value for public health and statistical purposes, large numbers are required, and by sending out circulars to professional men with regard to various important matters, such as the prevalence of enteric fever, and of ancylostomiasis, to mention two only, the Superintending Medical Officer, by his keen interest in all that pertains to the work of the laboratory, has made the work there still more valuable in its results and the work itself far more a labour of love.

The staff of the hospital have also shown a welcome keenness not only in finding specimens but in themselves coming to watch the investigations being carried out.

In short, the medical staff regard the pathological laboratory not as a place separate from the hospital, but as an essential part of it, and my position is, I am gratified to be able to say, becoming, as I think it should be, more that of "Clinical Pathologist" and less that of the "isolated specialist."

I have the honour to be,
Sir,
Your obedient servant,
H. H. Scott, M.D., London,
Government Bacteriologist.

Number of Specimens of Blood examined by the Widal Agglutination Test with B. Typhosus and B. Paratyphosus.

Kingston and St. Andrew.

Table I.

Month.		Number.	Positive with Typhosus.	Positive with Paratyphosus	Negative to both.
1911—					
April	..	12	11	0	1
May	..	37	15	6	16
June	..	22	14	3	5
July	..	19	8	5	6
August	..	19	4	5	10
September	..	20	7	6	7
October	..	36	26	4	6
November	..	89	38	17	34
December	..	76	22	12	42
1912—					
January	..	88	20	24	44
February	..	47	23	10	14
March	..	50	19	9	22
Totals	..	515	207	101	207
Percentage	..	100	40.2	19.6	40.2

Hospital Cases only.

Table II.

Month.		Number.	Positive with Typhosus.	Positive with Paratyphosus.	Negative with both.
1911—					
April	..	11	11	0	0
May	..	32	12	6	14
June	..	17	12	2	3
July	..	11	5	2	4
August	..	10	3	3	4
September	..	9	2	3	4
October	..	29	19	4	6
November	..	29	20	3	6
December	..	37	10	4	23
1912—					
January	..	52	12	11	29
February	..	14	6	4	4
March	..	31	15	6	10
Totals	..	282	127	48	107
Percentage	...	100	45.04	17.02	37.94

General Penitentlary.
Table III.

Month.	Number.	Positive with Typhosus.	Positive with Paratyphosus.	Negative with both.
1911—				
November	40	12	6	22
December	19	3	2	14
1912—				
February	7	7	0	0
Totals	66	22	8	36
Percentage	100	33.3	12.1	54.6

Reformatory, Stony Hill.
Table IV.

Month.	Number.	Positive with Typhosus.	Positive with Paratyphosus.	Negative with both.
1911—				
December	13	6	5	2
1912—				
January	10	5	5	0
February	15	8	3	4
Totals	38	19	13	6
Percentage	100	50	34.2	15.8

Hospital Nurses.
Table V.

Month.	Number.	Positive with Typhosus.	Positive with Paratyphosus.	Negative with both.
February	40	4	4	32
March	3	1	0	2
Totals	43	5	4	34
Percentage	100	11.6	9.3	79.1

Numbers of Specimens of Blood sent from Districts other than Kingston and St. Andrew for Widal Test during the year April, 1911 to March, 1912.
Table VI.

District.	Number.	Positive with Typhosus.	Positive with Paratyphosus.	Negative with both.
Spanish Town	97	25	16	56
Montego Bay	55	32	9	14
Port Antonio	33	14	12	7
Mandeville	24	14	7	3
St. Ann's Bay	15	7	6	2
Plantain Garden River	13	5	3	5
Clarks Town	11	6	4	1
Falmouth	8	5	2	1
Black River	6	4	1	1
Alexandria	5	4	0	1
Kellits	4	3	0	1
Linstead	4	0	3	1
Ulster Spring	5	1	1	3
Others	21	13	5	3
Totals	301	133	69	99
Percentage	100	44.18	22.92	32.90

Tabular statement of work done for the Medical Department during the year ending March 31*st* 1912.

Bacteriological examination of water supplies—	
Port Antonio	7
Lucea Wells	6
Spanish Town	1
Spanish Town Mineral Waters	5
Lionel Town Wells	3
Buff Bay	1
Porus	1
Ulster Spring	1
	25
Pathological Work—	
Widal test	816
Blood examinations for Parasites	594
Blood Counts	102
Examinations of Fædes for Typhosus	219
Ditto for Ova of Worms	184
Examinations of Urine	167
Examinations of Pus for organism	237
Examinations of Sputa	134
Blood Cultures	24
Tissues examined by section	31
Vaccines, Autegenous, prepared	86
Examinations of Disinfectants (Rideal-Walker)	4
Miscellaneous, (Effusions, Transudations, etc.)	112
Total	2,710
Grand Total	2,735

PUBLIC HOSPITAL.

Report for the year ended 31st March, 1912.

No. 1033/1793.

Island Medical Office, Kingston, June 22nd, 1912.

Sir,

I have the honour to forward the accompanying Annual Report and Statistics of the Public Hospital, Kingston, for the Financial Year ended 31.3.12.

I have the honour to be,
Sir,
Your obedient servant,
J. E. Ker,
Suptg. Medical Officer.

The Honourable,
The Colonial Scretary,
Kingston.

Public Hospital, Kingston, 20th June, 1912.

Sir,

I have the honour to place before you the Annual Report of the Medical and Surgical cases treated in the Public Hospital during the year ended March 31st, 1912.

Table 1 shows the number of patients treated in the hospital during the year under review with results. The total being 3,132, of this number 219 remained in hospital at the expiration of the year. There were 219 deaths for the year.

The daily average number of beds occupied was 214.5.

The number of applicants who applied for admission to the hospital but who were rejected for want of accommodation or for other reasons was 8,042, as compared with 5,605 in the previous year.

These people received treatment and if considered necessary were admitted subsequently to hospital or were referred to the Inspector of Poor.

Table II gives the average stay in days of patients in hospital.

Table III gives the number of deaths occurring within 12.24, 48 and 72 hours after admission. These cases were admitted in practically a hopeless condition. The total number of these cases was 130.

The death rate during the period under review was 10.80%.

Table IV gives the number of medical cases during the year with results. The most noteworthy diseases were:—

(*a*) *Malarial Fever.*—The number of cases treated during the year under this heading was 293, with 16 deaths, as compared with 618 with 15 deaths—since the institution has had the benefit of bacteriological examinations of blood and every case of suspected malarial fever is so examined—we are in a better position to diagnose these cases than heretofore. The correct diagnosis will account for the falling off of the number of cases treated.

(*b*) *Tubercle.*—Under this heading 118 cases were treated—of this number 25 were cases of general tuberculosis with 8 deaths. There were 67 cases of pulmonary tuberculosis treated with 19 deaths.

There were 36 cases of tubercular disease of the joints, bones, glands and peritoneum treated—with 3 deaths.

Enteric Fever.—There were 133 cases of enteric fever treated in hospital as compared with 131 treated in the previous year with 45 deaths. The months of May and October were responsible for the greatest number of admissions.

(*d*) *Venereal Diseases.*—The subjoined table shows the number of cases treated during the year.

Syphilis.	Cases.	Deaths.
Primary	12	—
Secondary	10	1
Congenital	11	6
Tertiary	32	4
Gonorrhœa et sequela	256	10
Chancroid	42	—

I beg to attach the result of the treatment by Salvarsan, of cases of Syphilis and Yaws by Dr. Gideon and myself. It will be seen that the results have been excellent. The drug has been in all cases injected in the gluteal region without causing abscess.

Tables VI, VII and VIII give returns of countries, parishes and occupations of patients admitted to hospital during the year.

Table IX shows the number of prescriptions dispensed for the outpatients, the constabulary and the maternity hospital. The number of casualties treated during the year was 7,519. These cases are first treated by the medical officer on duty and subsequently dressed and attended to every morning at 6.30.

Taking an average of 80 dressings in the early morning the number of cases dressed in the morning would amount to 24,860. Cases unless urgent are not dressed on Sundays or Bank holidays.

Miss Whittingham the matron has held classes regularly for senior nurses and probationers.

Three examinations were held and the results were satisfactory. The papers were set by me and the oral examinations were given by Drs. Ross and Thompson.

I regret to say that the educational standard of some of the nurses is far from being what one would desire.

The staff have to thank Dr. Scott for his able assistance and courtesy. It is not too much to say, that by having a bacteriological laboratory to assist us—a great necessity has been met.

The thanks of the hospital are due to the kind friends who have so generously contributed to the annual treat to the patients and nurses.

Mrs. Bertram and her orchestra of ladies were most kind in arranging a concert on the occasion of the Xmas treat, assisted by lady vocalists. Every one appreciated the performance thoroughly.

Gifts of magazines, illustrated papers, etc., have been regularly supplied to the hospital patients and have been much appreciated.

I have the honour to be,
Sir,
Your obedient servant,
C. W. M. Castle,
Senior Medical Officer.

The Suptg. Medical Officer,
Kingston.

The report of a case of tertiary Syphilis treated "Salvarsan."

(W. R.) an Englishman, at 52 years, suffering from tertiary syphilis, was treated in the surgery by an injection of "Salvarsan" on January 13th, 1912. The patient was suffering from rupial sores all over the body, joint pains and eczema of the scalp. The disease had wrought havoc with his nose and hard palate—the nasal bones had been destroyed and also a portion of the hard palate He was told to return in 6 days; he was seen by me on the 19th January, there was very marked improvement in the sores, and the joint pains had disappeared and the eczema was much improved. I advised him to enter the hospital which he did on January 22nd for observation. No treatment was given and the sores, pains and eczema of the forehead had quite disappeared by February 10th. The patient put on flesh and most materially benefitted by the treatment. The injection was given in the gluteal region, beyond some swelling there was no ill result from the injection—the swelling passed off in about a week.

Amount injected, .06 of a gramme.

C. W. M. Castle, S. M. O.

Public Hospital, Kingston, 30th March.

Sir,

I have the honour to report the following cases, which I have treated with "Salvarsan." In each case 0.6 grammes of the neutral solution was given intra-muscularly into the gluteal region.

The same method, dose, and solution were used whenever it was necessary to repeat the injection.

Case I. (A. F.) age 29, was admitted to the hospital on the 3rd November suffering from tertiary syphilis.

Besides a syphilitic history, the manifestations were:—

a. A punched out ulcer, 4 by 4½ inches, on the lower third of the inner side of the left leg. The ulcer was indolent, its surface was covered with an offensive slough, and bare bone formed its base.
b. Ulceration of the nose with a very offensive nasal discharge. The bridge was sunken.
c. Shotty enlargement of the lymphatic glands throughout the neck.
d. Periosteal pains of the upper and lower extremeties.

An injection of "Salvarsan" was given on the 4th November. Very slight local pain was complained of for the first 6 days.

There was a marked improvement 4 days after the injection. The ulcer showed signs of repairing and the nasal discharge diminished and became less offensive. The periosteal pains were not complained of and the general condition was much improved. Daily improvements were noticed up to the 14th November, after which the progress was protracted. Another injection was given on the 30th. This was followed by very slight local pain. On the 2nd January the edge of the ulcer became active and from this date on the healing process progressed rapidly.

On the 8th January some sloughs came away from the nose, after which the discharge gradually diminished and was no longer offensive.

No marked improvement was noticed between the 10th and 18th January, so another injection was given on the 19th January which was followed by no local pains.

The ulcer filled up except where there was dead bone.

On February the 29th the patient was anæsthetised and the portion of necrosed bone at the base of ulcer was removed, after which the healing process progreessed markedly.

The patient was discharged from the ward and made an out-patient on the 9th March, which department she attended till the ulcer was repaired on the 16th March—cured.

No internal medicine was given and carbolic lotion 1 in 60 with sterile dressings was used locally.

Case II. (J. C.) Age 41, was admitted, suffering from Yaws.

There was no syphilitic history.

He had a large chronic ulcer—5 by 5 inches—on the outer side, and lower third, of the left leg, as well as two smaller ones each the size of "half-a-crown" on the middle third of the same leg.

a. The large ulcer was indolent, circular and not punched out and its surface entirely covered with an offensive slough.
b. The smaller ulcers were oval and shallow, their surfaces were clean, fissured and granulomatous.

The patient was emaciated and very weak. An injection was given on the 30th November, which was followed by very slight local pain, lasting a day.

There was a noticeable improvement two days after the injection.

The large ulcer was much cleaner, and the smaller ones showed signs of repairing. The general tion of the patient was better.

On the 11th December the large ulcer commenced to show signs of repair—granulations and proliferation of its epithelium at the edge which progressed markedly.

The smaller ones were quite healed on the 26th December.

Daily improvements were noticed up to the 1st January, after which date healing was protracted.

Another injection was given on the 20th January. The patient suffered considerably from local pain for 5 days.

After this injection repair of the ulcer progressed rapidly.

The edge became very active—proliferation of its epithelium being marked—and the surface became uniformly covered with healthy granulations.

The patient is still in the hospital and his general condition has much improved. The ulcer is much smaller, its present size is 1½ by 1½ inches. It is filled up with healthy granulations and is only waiting to be covered by epithelium. He refused to have another injection, which, if he had had, might have hastened the final stages of repair. No internal medicine has been given, and carbolic lotion 1 in 60 and sterile dressings used locally.

Case III. (K.) A coolieman, age 22, was admitted suffering from Yaws.

His skin was covered with furfuraceous desquamating patches and papules of various sizes, the latter were covered capped with yellowish crusts.

There was a typical ulcer with a granulomatous, fissured and irregular surface on the right leg.

There were clusters of papules under the arms and between the thighs.

He complained much for the itching. An injection was given on the 4th December which was followed by severe local pain and swelling, lasting 8 days.

There was a decided improvement in 24 hours, some small papules on the hands had disappeared and the itching had stopped.

On the 29th December the ulcer healed and the papules had nearly all gone. The patient was discharged on the 24th January quite well. He refused to have another injection, so treatment had to be continued with potassium iodide.

Case IV. (L. O.) Age 28, was admitted on the 22nd December, suffering from tertiary syphilis.

She attended the out-patient department for 3 months.

There was a syphilitic history, as well as an extending ulceration, 2½ by 3 inches, wide and long respectively, on the outer side, and middle third, of the left leg.

The ulceration was serpiginous and the coalescence of several punched out ulcers was noticeable. The edge was irregular and indolent, and, its surface was very uneven and covered with patches of offensive, yellowish sloughs.

An injection was given on the 22nd December, which was followed by slight local pain lasting 7 days.

An improvement was noticeable on the 3rd day after the injection. The surface was cleaner and not so uneven.

Daily improvements were noticed as regards the cleaning of the surface, and on the 6th January, granulations appeared. The edge became active on the 12th and its irregularity was less marked.

The repairing process continued markedly up to the 20th January, after which date it was protracted. Another injection was given on the 29th January, followed by much local pain, lasting 15 days. From this date on the healing process continued steadily.

The patient was made an out-patient on the 28th March.

The ulceration was quite clean and much reduced, the size being ½ by ½ inch. The surface covered with healthy granulations, was on a level with the edge.

As in the above cases no internal medicine was given.

Case V. (N. T.) Age 26, was admitted on the 18th December, suffering from tertiary syphilis.

There was a syphilitic history. She had a chronic ulceration of the rectum with a foul anal discharge.

Treatment with potassium iodide and mercury internally, and a sitz bath locally was given till the 28th February with very little result.

On this date the above treatment was stopped and an injection of Salvarsan given. This was followed by general and local pains, the former lasting two days, whilst the latter is still complained of. There is no local swelling.

The discharge is no longer offensive and daily diminishing.

The patient is still in the hospital.

Case VI. (J. R.) Age 22, was admitted on the 2nd February, suffering from tertiary syphilis.

Besides a syphilitic history, the manifestations were:—

a. An extensive ulceration of the chin and lower lip, the result of the coalescence of numerous, circular, punched out ulcers, covered with offensive yellowish sloughs.

b. A circular punched out ulcer with a yellowish slough on the right cheek.

c. An ulcerated Gumma on the scalp. An injection was given on admission, followed by local swelling and pain, lasting for 8 days.

The result in this case was marvellous. Marked daily improvements were noticeable. The cleaning of the surfaces progressed rapidly, so much so that they were quite clean 7 days after the injection, and on the 11th February all the ulcerations were undergoing repair.

The ulcers on the cheek and scalp healed on the 22nd February.

The patient was discharged on the 4th March, recovered.

Case VII. (I. J.) Age 41, was admitted on the 6th February, suffering from tertiary syphilis.

There was a syphilitic history, as well as ulceration of the palate and larynx.

An injection was given 4 days after admission, followed by very slight local pain, lasting 3 days. His condition gradually improved, the hoarseness disappeared and he was able to eat without any discomfort 5 days after the injection. The ulceration cleaned up and was practically well when he asked to be discharged on the 27th February.

Case VIII. (H. B.) Age 21 years, was admitted on the 27th January, suffering from tertiary syphilis.

There was a syphilitic history as well as scars of old ulcerations on the face with deformity of the nose.

There were two sinuses on the lower third of the left leg, these were discharging very offensive pus and led down to dead bone on the Tibia, which was considerably thickened.

An injection was given on the 28th January, followed by very little local pain, lasting a day.

The day after the injection, a piece of dead bone, 1½ inches long, separated and was removed.

The discharge, although less offensive, continued, and as there was a big piece of sequestrum present, an operation was done to remove it.

Another injection was given on the 16th March, after which repair of the bone progressed markedly.

He was made an out-patient on the 28th March, when the wound was clean and had nearly healed.

I have the honour to be,

Sir,

Your obedient servant,

C. S. Gideon.

Dr. Castle, Senior Medical Officer,
Public Hospital, Kingston.

Table I.

	Males.	Females.	Total.
Patients remaining in Hospital, 1st April, 1911 ..	114	99	213
Patients admitted during the year 1911-1912 ..	1,566	1,353	2,919
Total patients treated ..	1,680	1,452	3,132
Of these were cured	1,142	951	2,093
do relieved	184	183	367
do not relieved	82	55	137
Of these died	151	165	316
Remaining in hospital 31st March, 1912	121	98	219
	1,680	1,452	3,132

Death rate 10.08%.

Table II.

Daily average number of beds occupied by male patients	117.5
do do female patients	97
Average stay in days of those who died—males	12.9
do do females	13.1
do males discharged	28.2
do females discharged	26.1
do males remaining at the end of the year	25.2
do females remaining at the end of the year	20.6
Longest stay of any one patient in hospital	262 days

Table III.

Patients who have died within the following hours after admission.

Hours.	12	24	48	72	Total.
Male	5	6	22	26	59
Female	6	20	20	25	71
Total .	11	26	42	51	130

TABLE V.

Operations,

Diseases.	April.		May.		June.		July.		August.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Abscesses—Incision of	9	..	11	..	5	..	15	2	5	2
Abdomen—Abscess Liver, Incision of	..	..	..	..	2	1	..	..	..	..
Laparatomy for—Appendectomy	..	..	3	1	..	..	1	..	..	..
Appendical Abscess	..	..	..	..	..	..	..	..	..	..
Exploration	..	..	2	..	..	..	..	..	..	..
Gastro-jejunostomy	..	..	..	..	..	..	..	..	..	..
Ovariotomy	1	..	..	..	..	..	1	..	..	..
Fibromajoma Utems	..	..	..	..	..	..	..	..	..	..
Hysterectomy	2	..	..	..	1	..	1	1	..	..
Oophorectomy	..	..	..	..	..	..	1	..	..	..
Amputations—										
Foot (Symes)	1	..	..	..	..	..	..	..	..	..
Leg	..	..	..	..	2	..	..	..	..	..
Penis	..	..	1	..	..	..	..	..	..	..
Toe	..	..	..	..	..	..	..	..	..	..
Fingers	..	..	..	..	1	..	1	..	2	..
Breast	1	..	1	..	..	..	1	..	1	..
Bladder and Urethra—										
Stricture: Dilation of	1	..	..	..	3	..	3	..	..	1
Perineal Section	1	..	3	1	..	1	1	..	..	..
Urethral, Caruncle, cauterizing	..	..	..	..	..	..	..	..	1	..
Washing out Bladder	..	..	..	..	..	..	..	..	..	..
Lateral Lythotomy	1	1	..	..	..	..	..	..	..	..
Bones—										
Arthrotomy	..	..	..	..	..	..	..	..	..	..
Necrosis	..	..	2	..	..	..	..	..	..	..
Sequestrotomy	..	..	1	..	2	..	..	..	..	..
Trephining Skull	..	..	1	..	1	..	..	..	..	..
Excising Head of Metacarpal	..	..	..	..	..	..	..	..	..	..
Tumors and Cysts—										
Tumors—Scalp	..	..	1	..	1	1	..	..	..	..
Cystic	..	..	2	..	1	..	..	..	2	2
Carcinoma	1	..	..	..	..	..	..	..	..	..
Carcinoma Recument of Brcast	1	..	..	..	..	..	..	..	..	..
Opening Ganglion	..	..	..	..	2	..	..	..	..	..
Scraping Ulcer	..	..	..	..	..	..	..	..	3	..
Bursal	..	..	..	..	..	..	..	..	..	..
Keloid	..	..	1	..	..	..	1	..	..	..
Lipoma	..	..	..	..	1	..	..	..	..	..
Papilloma	..	..	..	..	..	..	..	..	..	..
Cysts—Dermoid	..	..	1	..	..	..	..	..	..	..
Female Generative Organs—										
Curetting	4	..	5	..	8	..	7	..	8	..
Polypus, Uteri removal of	..	..	2	..	..	..	..	..	..	..
Recto-vaginal, repair of	..	..	..	..	..	..	..	..	..	..
Cervix Uteri, amputauion of	..	..	1	..	..	..	..	..	..	..
Pyo.-Salpynx, opening	1	..	..	..	..	..	1	..	..	..
Slitting Anal Fissure	..	..	1	..	..	..	1	..	..	..
Atrasia Vagina	..	..	..	..	..	..	..	..	..	..
Cæsarean Section	..	..	..	..	..	..	..	..	..	..
Venereal Warts, cauterization	..	..	..	..	..	..	..	..	..	..
Male Generative Organs—										
Circumcision	4	..	8	..	2	..	2	..	6	..
Radical Cure for Hydrocele	..	..	..	..	2	..	1	..	..	..
Removal of Testicles	..	..	1	..	..	..	..	..	..	..
Supra Pubic Prostectomy	1	..	..	..	..	..	..	..	..	..
Penis cauterizing	..	..	..	..	..	..	..	..	..	..
Orchiectomy	1	..	..	..	..	..	..	..	..	..
Paraphymosis	..	..	..	..	..	..	1	..	..	..
Eye—										
Enucleation of	1	..	3	..	5	..	2	..	..	..
Extract of Catarract c. Iridectomy	..	..	..	..	..	..	..	..	..	..
Extract of Catarract sine Iridectomy	..	..	..	..	..	..	..	..	..	..
Extract of Dislocated Lens	..	..	..	..	..	..	..	..	..	..
Meibromian Cysts, incising	..	..	..	..	..	..	..	..	..	..
Needling Catarract	..	..	..	..	..	..	..	..	..	..
Rectum and Anus—										
Haemorrhoids, Ligaturing of	1	..	1	..	..	..	..	..	..	..
Haemorrhoids, Cauterization	..	..	..	..	..	..	..	..	..	..
Explaratory Incision	..	..	..	..	..	..	..	..	..	..
Incisions, Cellulitis	..	..	1	..	..	..	1	1	..	..
Carbuncle	..	..	1	..	..	..	1	..	..	..
Haematoma	..	..	..	..	..	..	2	..	..	..

TABLE V.

1911-1912.

September.		October.		November.		December.		January.		February.		March.		Total.	
Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
6	..	5	..	4	1	4	..	6	1	9	..	11	..	90	6
..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	1
..	..	1	..	1	..	..	..	..	..	..	..	..	..	6	1
2	1	..	..	1	..	1	1	..	..	..	..	..	..	3	2
..	..	1	..	..	..	1	1	1	..	..	..	..	..	5	1
1	..	1	..	1	..	..	2	..	..	1	1	1	..	5	3
..	..	..	..	..	..	..	..	..	..	1	..	..	..	3	..
1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..
1	..	..	1	1	1	..	..	1	..	..	..	..	..	7	3
..	..	..	..	..	..	..	..	..	..	1	..	..	..	2	..
..	..	..	..	1	..	..	..	..	..	..	..	..	..	2	..
1	..	..	..	..	..	..	..	2	..	..	..	..	..	5	..
1	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..
..	..	..	..	1	..	1	..	..	..	..	..	..	..	2	..
..	..	..	..	..	..	..	..	..	..	..	..	1	..	5	..
..	..	..	..	..	..	..	..	..	..	..	..	1	..	5	..
..	..	2	..	1	1	6	..	4	..	2	..	5	1	27	3
..	..	2	..	3	2	4	..	1	..	..	1	1	1	16	6
..	..	..	..	..	..	1	1	1	..	..	..	..	..	3	1
2	..	..	..	..	..	..	..	1	..	1	..	..	..	4	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
1	..	1	..	..	..	..	..	..	..	..	..	..	..	2	..
..	..	6	..	..	..	..	..	3	..	2	..	..	..	13	..
..	..	..	..	..	..	..	..	1	..	1	..	1	1	6	..
..	..	..	..	..	..	..	..	..	..	..	..	1	..	3	..
1	1	..	..	..	..	..	..	1	..	..	..	..	..	2	1
1	..	..	..	..	..	..	..	..	..	1	..	1	..	5	..
..	..	..	..	..	..	..	..	2	..	..	..	1	..	8	2
1	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..
1	..	1	..	..	..	..	..	..	..	..	..	..	..	5	..
..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..
1	..	..	..	..	..	..	..	..	..	1	..	..	..	4	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..
..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..
7	..	11	..	7	1	6	..	14	..	8	..	4	..	89	1
..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..
..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	..
..	..	1	..	..	..	..	..	..	..	..	..	..	..	2	..
..	1	..	..	..	..	..	..	..	..	..	..	..	..	2	1
..	..	..	..	..	..	1	..	..	..	..	..	..	..	3	..
1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..
..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..
1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..
5	..	9	..	5	..	7	..	7	..	6	..	5	..	66	..
2	..	1	..	..	..	..	..	..	..	2	..	1	1	9	1
..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..
..	..	..	..	..	..	..	..	..	..	..	..	1	1	2	1
..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..
..	..	..	..	..	..	..	..	1	..	..	..	..	..	2	..
1	..	1	..	..	..	1	..	2	..	..	..	..	..	16	..
..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..
..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..
..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	..
..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	..
..	..	..	..	2	..	..	..	1	..	..	..	..	..	..	3
1	..	2	..	..	..	..	..	..	..	1	..	2	..	8	..
..	..	..	..	..	..	..	..	1	..	1	..	2	..	4	..
..	..	..	..	..	..	1	..	..	..	3	..	2	..	6	..
1	..	3	..	1	..	..	..	..	..	..	..	..	..	7	1
..	..	1	..	..	..	..	..	..	..	..	..	..	..	3	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..

TABLE V. Contd.

Operations

DISEASES.	April.		May.		June.		July.		August.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Fractures—										
Setting of	1	..	..	..	..	..	1	..	..	..
Dislocation of Elbow	..	..	1	..	..	..	..	..	..	..
Face, Nose, Mouth, Etc.—										
Nasal Polypus	..	..	..	..	..	..	..	..	..	..
Adenoids, removal of	..	..	1	..	1	..	1	..	..	..
Epithloma	..	..	..	..	..	..	..	..	..	..
Hernia—										
Radical Cure for Strangulated Hernia	..	..	2	1	1	..	3	..	1	..
Inguinal Glands—Excision of	8	..	3	..	..	..	4	..	6	..
Tubercular " "	1	..	1	..	..	..	1	..	1	..
Cervical " "	..	..	..	..	..	..	..	..	2	..
Plastic Operation	..	..	..	..	..	..	..	..	..	..
Removal of Foreign Bodies from Chest Wall	..	..	..	..	2	..	..	..	..	..
Stitches	..	..	..	..	..	..	..	..	..	..
Opening and Drawing Mastoid Cells	..	..	..	..	..	..	..	..	..	..
Removal of Ingrowing Toe Nails	..	..	3	..	2	..	3	..	4	..
Putting Foot in Plaster of Paris	..	..	1	..	..	..	..	..	..	..
Scraping Sinuses	1	..	..	..	..	..	1	..	..	..
Saturing of Tendons	2	..	..	..	..	..	2	..	..	..
Examination under Chloroform	..	..	1	1	4	..	3	..	1	..
Minor Operations	43	..	44	..	30	..	45	..	45	..

TABLE V. Contd.

1911-1912.

September.		October.		November.		December.		January.		February.		March.		Total.	
Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.s	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
2	..	..	..	..	..	..	..	..	..	..	..	1	..	5	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..
1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..
2	..	2	..	1	..	2	..	1	..	1	..	..	..	12	..
1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..
4	..	3	..	2	..	2	..	2	..	1	..	1	..	22	1
3	..	8	..	1	..	9	..	5	..	3	..	3	..	53	..
..	..	..	..	..	..	2	..	1	..	2	..	1	..	10	..
..	..	1	..	5	..	..	..	..	..	..	..	..	..	8	..
1	..	..	..	1	..	..	..	2	..	..	..	..	..	4	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..
..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	..
..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..
3	..	..	..	..	..	..	..	..	..	..	..	..	..	15	..
1	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..
..	..	1	..	..	..	..	..	..	..	..	..	1	..	4	..
..	..	..	..	..	..	..	..	..	..	..	..	..	..	4	..
2	1	2	..	2	..	2	..	3	..	1	..	1	..	22	2
34	..	29	..	26	..	14	..	25	..	15	..	39	..	389	..
														1,025	39

Total number of operation	..	1,025
Total number of deaths	..	39
Death rate ..	..	3·84

TABLE V, continued.

Summary of Patients operated on in the Kingston Hospital, 1911–1912.

Operations.	Cases.	Deaths.
Abscesses—Incisions of	90	6
Abdomen—Abscess Liver, Incision of	2	1
Laparatomy for—		
Appendectomy	6	1
Appendicular Abscess	3	2
Exploration	5	1
Gastro-jejunostomy	5	3
Ovariotomy	3	–
Fibro myoma Uterus	1	–
Hysterectomy	7	3
Oophorectomy	1	–
Amputation—		
Foot (Symes)	2	–
Leg	5	–
Penis	2	–
Toe	2	–
Fingers	5	–
Breast	5	–
Bladder and Urethra—		
Stricture, dilation of	27	3
Perenial Section	16	6
Urethral caruncle—		
Cauterizing	3	1
Washing out bladder	4	–
Lateral Lythotomy	1	1
Bones—		
Arthrotomy	2	–
Necrosis	13	–
Sequestrotomy	6	–
Trephining skull	3	–
Excising head of Metacarpal	2	1
Tumours—		
Scalp	5	–
Cystic	8	2
Carcinoma	2	–
Carcinoma—recument of breast	1	–
Opening Ganglion	2	–
Scraping Ulcer	5	–
Bursal	1	–
Keloid	4	–
Lipoma	1	–
Papilloma	1	–
Cysts—Dermoid	1	–
Female Generative Organs—		
Curetting	89	1
Polypus-Uteri, removal of	2	–
Recto Vaginal, repair of	1	–
Cervix Uteri, amputation of	2	–
Pyo-Salpynx, opening	2	1
Slitting Anal Fissure	3	–
Atrasia Vagina	1	–
Cæsarean Section	1	–
Venereal warts, cauterization	1	–
Male Generative Organs—		
Circumcision	66	–
Radical cure for Hydrocele	9	1
Removal of Testicles	1	–
Supra-pubic—Prostectomy	2	1
Penis, cauterizing	1	–
Orchiectomy	1	–
Paraphymosis	2	–
Eye—		
Enucleation of	16	–
Extract of catarract c. Iridectomy	1	–
Extract of catarract sine Iridectomy	1	–
Extract of Dislocated lens	1	–
Meibromian Cysts, incising	1	–
Needling Cataract	3	–
Rectum and Anus—		
Hæmorrhoids, ligaturing of	8	–
Hæmorrhoids—cauterization	4	–
Exploratory incision	6	–
Incisions, Cellulitis	7	1
Carbuncle	3	–
Hæmatoma	2	–
Fracture, setting of	5	–
Dislocation of Elbow	1	–
Face, Nose, mouth, etc., Nasal polypus	1	–
Adenoids—removal of	12	–
Epithlioma Lip	1	–
Radical cure for strangulated hernia	22	1
Inguinal glands—Excision of	53	–
Tubercular do	10	–
Cervical do	8	–
Plastic operations	4	–
Removal of foreign bodies from chest wall	2	–
Removal of stitches	1	–
Opening and drawing mastoid cells	1	–
Removal of ingrowing toe-nails	15	–
Putting foot in Plaster of Paris	2	–
Scraping Sinuses	4	–
Suturing of tendons	4	–
Examination under Chloroform	22	2
Minor operations	389	–
	1,025	39

Total number of operations	1,025
Total number of deaths	39

Death rate per cent.—3.8

TABLE VI—COUNTRIES.

Africa	1	Holland	1	St. Kitts	1
America	6	Inagua	2	St. Vincent	1
Antigua	1	India	31	Scotland	3
Arabia	1	Ireland	1	Spain	2
Barbados	2	Italy	1	Sweden	2
China	9	Jamaica	2,802	Trinidad	2
Colombia	3	Nassau	1	Turks Island	1
Cuba	1	Norway	4		
Curacoa, D. W. I.	1	Nova Scotia	1		
England	32	Russia	1	Total	2,928
Germany	11	San Francisco	1		

TABLE VII—PARISHES.

Kingston	2,138	St. Ann	1	St. Catherine	55
Port Royal	9	Trelawny	4		
St. Andrew	691	Westmoreland	3		
St. Thomas	4	St. Elizabeth	5		
Portland	4	Manchester	5	Total	2,928
St. Mary	16	Clarendon	13		

TABLE VIII—OCCUPATIONS.

Accountants	2	Firemen	28	Porters	4
Apprentices	9	Fishermen	17	Potters	1
Bakers	21	Fitters	7	Printers	4
Barbers	2	Foremen	1	Produce Dealers	2
Billiardmarkers	2	Gardeners	35	Reporters	1
Blacksmiths	6	Goldsmiths	3	Saddlers	2
Boatmen	2	Grooms	9	Schoolmasters	8
Bookbinders	1	Hatmakers	11	Seamen	21
Bookkeepers	1	Headmen	5	Seamstresses	167
Brakesmen	3	Higglers	85	Servants	296
Bricklayers	26	Housecleaners	7	Shipwrights	1
Busmen	7	Interpreters	3	Shoemakers	34
Butchers	4	Jockeys	6	Shopkeepers	5
Butlers	37	Journalists	1	Shopservers	6
Cabinetmakers	7	Labourers	426	Stevedores	5
Cakesellers	14	Laundresses	261	Stewards	12
Canvassers	1	Machinists	1	Storemen	11
Carpenters	60	Masons	6	Superintendent Roads	2
Cartmen	18	Mechanics	7	Supercargoes	1
Chaffeur	3	Messengers	6	Tailors	23
Cigarmakers	7	Midwives	1	Tinsmiths	1
Clergymen	2	Milliners	1	Tobacconists	7
Clerks	27	Militiamen	1	Trimmers	5
Coachmen	22	Motormen	4	Vendors	1
Cooks	56	Moulders	3	Upholsterers	2
Coopers	6	None	577	Warders	5
Compositors	2	Nurses	39	Watchmen	2
Conductors	5	Painters	11	Wharfingers	1
Constables	220	Pedlars	11	Wheelwrights	1
Draymen	13	Pilots	3		
Electricians	6	Planters	118		
Engineers	6	Platelayers	1	Total	2,928
Engravers	1	Plumbers	3		

TABLE IX.

Number of Out patients with tickets from Inspector of Poor	691
do prescriptions for out patients	7,631
do do casualties	5,977
do do constabulary	1,859
do do Victoria Jubilee Hospital	1,218

Financial Return of the Public Hospital for the five years ended 31st March, 1908, 1909, 1910, 1911 1912.

Year.	Average daily number of Beds.	Gross Expenditure.	Receipts.	Net expenditure after deducting receipts	Number of patients admitted.	Average annual cost per bed calculated on the gross expenditure.	Average daily cost per bed calculated on the gross expenditure.	Average annual cost per bed calculated on the net expenditure.	Average daily cost per bed calculated on the net expenditure.	Cost of maintenance alone per bed per diem.
		£ s. d.	£ s. d.	£ s. d.		£ s. d.	£ s. d.	£ s. d.	£ s. d.	s. d.
1907–8 ..	194	8,850 15 8	456 8 11	8,393 16 9	3,544	45 12 5	0 2 6	43 5 4	0 2 4¼	0 10¼
1908–9 ..	188	8,203 10 7	394 3 11	7,809 6 8	3,529	43 12 8	0 2 4½	41 10 9	0 2 3½	0 10½
1909–10 ..	189	8,094 8 6	344 5 7	7,750 2 11	3,498	42 16 6	0 2 7¼	41 0 1¼	0 2 2¾	0 10½
1910–11 ..	193	9,016 14 10	337 9 11	8,679 4 11	3,172	46 14 4½	0 2 6½	44 19 4¾	0 2 5½	0 10½
1911–12 ..	217	*9,796 2 3	487 5 3	9,308 17 0	3,132	44 6 0	0 2 5	42 1 0	0 2 2¼	0 10¼

Total cost of Maintenance	3,561 17 2
Less for feeding of 10 nurses in nursing home ..	130 0 0
	3,431 17 2

* This amount includes £183 19s. for Hospital probationers.

VICTORIA JUBILEE LYING-IN HOSPITAL.

Report for the year ended 31st March, 1912.

Kingston, 31st March, 1912.

Sir,

I have the honour to submit the Report of the Victoria Jubilee Lying-in Hospital for the year ended March 31st, 1912.

The number of patients admitted during the year was 746 against 600 of the previous year. Eight patients were refused admission, the Institution being full at the time.

581 of the patients were black, 155 coloured, 5 coolies, 5 white. 200 were married.

628 resided in Kingston, 111 St. Andrew, 7 came from more remote parishes. Quite a number came from Cuba and Central America to be confined, these usually come up some weeks beforehand and stay in Kingston.

There were eight deaths during the year, one each from Pulmonary embolism, Septicaemia, Puerperal Convulsions, Nephritis, Meningitis, Heart Disease, Placenta Praevia, Dysentery.

The number of infants born was 709, of these 345 were males, 364 females. There were 16 cases of twins, 71 of the infants were still born.

Eight pupil nurses were admitted for training, one resigned as she found the work did not suit her. Seven passed and had Certificates given to them.

The following most acceptable gifts were received during the year—Infant clothing from Mrs. McGrath and Mrs. Orrett, Grape fruits from Mr. R. Gardner. Mrs. Ker gave the nurses a turkey for their Christmas dinner. A musical treat and tea was given at Christmas by Mrs. Bertram and greatly enjoyed, Mrs. F. Cundall and Mrs. F. Saunders kindly supplied the refreshments.

I have the honour to be,
Sir,
Your obedient servant,
(Sgd.) M. GRABHAM,
Visiting Medical Officer, Victoria Jubilee Hospital.

Hon. S.M.O., Kingston.

SYNOPSIS OF CASES.

Presentations—	
Vertex ...	676
Unreduced occipito-posterior	3
Footling ...	20
Transverse ...	7
Face ...	3
Diseases and complications affecting the mother—	
Abortion ...	3
Adherent placenta ...	12
Albuminaria ...	9
Atresia of os ...	2
Bronchitis ...	5
Convulsions (Eclampsia)	8
Contracted pelvis (infantile)	2
Enteritis ...	9
Epilepsy ...	1
Fibroids ...	2
Fever undefined ...	13
Haemorrhage, post partum	3
Haemorrhage, secondary post partem	1
Heart disease ...	1
Hypertrophy of cervix ...	1
Hyperemesis ...	2
Inertia ...	15
Measles ...	1
Pelvic cellulitis ...	1
Placenta plaevia ...	2
Pulmonary embolism ...	1
Rigid os ...	11
Rigid perinaeum ...	4
Syphilis ...	3
Vaginal cicatrisation ...	1
Diseases and deformatories affecting the infant or foetal membranes—	
Ascites ...	1
Anencephalous monster	1
Convulsions ..	5
Extra fingers ...	5
Fractured humerus ...	1
Haemorrhagic diathesis	3
Hydrocele ...	1
Ophthalmia ...	8
Syphilis ...	2
Operations—	
Version ...	15
Application of Forceps...	7
Curetting ...	2
Craniotomy ...	4
For ruptured perinaeum	25
For prolapse of cord ...	1

Numerical Summary of Results since the Opening of the Institution.

Year.	No. of Patients.	Race.				Infants.				Deaths.	No. of Nurses trained.
		Black.	Coloured.	Coolies.	White.	Male.	Female.	Twins.	Still-born.		
1892–93	89	67	22	—	—	20	34	—	14	4	4
1893–94	219	171	44	3	1	74	85	1	35	9	11
1894–95	239	185	48	2	4	76	96	0	27	3	6
1895–96	217	187	26	1	3	89	86	3	40	1	5
1896–97	378	281	92	4	1	173	189	6	39	7	8
1897–98	444	319	120	3	2	229	210	12	37	10	6
1898–99	500	345	146	4	5	249	253	13	60	7	10
1899–1900	581	382	196	2	1	277	283	11	66	9	9
1900–1901	483	339	135	5	4	241	227	6	38	9	9
1901–1902	785	589	235	7	4	379	374	10	58	7	8
1902–1903	651	429	219	2	1	332	325	19	51	11	12
1903–1904	813	596	205	3	9	394	405	21	78	11	9
1904–1905	655	475	174	2	4	339	307	20	62	8	11
1905–1906	415	248	156	4	7	198	214	8	36	10	9
1906–1907	441	352	79	3	7	221	215	15	29	11	6
1907- 1908	434	270	161	3	—	243	155	14	40	7	8
1908–1909	596	400	188	3	5	300	268	7	49	10	6
1909–1910	650	380	265	4	1	330	319	10	53	9	7
1910–1911	600	382	212	3	3	288	316	15	60	5	7
1911–1912	746	581	155	5	5	345	364	16	71	8	7

Financial Return of the Victoria Jubilee Lying-In Hospital for the six years ended 31st March, 1907, 1908, 1909, 1910, 1911, 1912.

Year.	Average daily No. of beds occupied.	Gross Expenditure.	Receipts.	Net expenditure after deducting receipts.	No. of patients admitted.	Average annual cost per occupied bed calculated on the gross expenditure.	Cost of maintenance alone per occupied bed per diem.	Daily cost per occupied bed calculated on the gross expenditure.	Average annual cost per occupied bed calculated on the net expenditure.	Average daily cost per occupied bed calculated on the net expenditure.
		£ s. d.	£ s. d.	£ s. d.		£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
1906-07	14	1,075 3 3	278 5 3	796 18 3	441	76 15 11¼	0 1 3¼	0 4 2¼	56 18 5½	0 3 1¼
1907-08	13	1,199 3 0	264 4 9	934 18 6	434	92 4 10¼	0 1 8	0 5 0½	71 18 4	0 3 11¼
1908-09	17	1,263 13 4	301 10 0	962 3 4	596	74 6 8	0 1 6	0 4 0¾	56 11 11½	0 3 1¼
1909-10	19	1,256 2 5	361 1 9	895 0 8	650	66 2 8	0 1 4½	0 3 7¼	47 2 1	0 2 6¾
1910-11	17	1,300 3 0	321 1 9	979 1 3	600	76 9 7	0 1 6¾	0 4 2¼	57 11 10	0 3 1¾
1911-12*	32	1,355 5 4	392 11 6	962 13 10	746	42 7 0½	0 0 10	0 2 3¾	30 1 8	0 1 7¾

* 20 Patients.
8 Pupil nurses.
2 Charge nurses.
1 Matron.
1 Asst. matron.

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LUNATIC ASYLUM.

Report for the year ended 31st March, 1912.

Hon. S.M.O.

Sir,

I have the honour to submit the annual report of the Jamaica Lunatic Asylum for the twelve months ending with March 31st, 1912.

The year began with 1,169 inmates under treatment, and ended with 1,195 or an increase of 26.

The total number under treatment was 1,439, whilst the daily average number was 1,183.

The number of patients admitted was 268, or 138 men and 130 women, of these 24 were re-admissions.

Although the admissions were 56 fewer than last year, the total number under treatment was greater which left a residuum of 26 to swell our annual increase.

The number of patients discharged amounted to 150. Of these 144 were discharged recovered, 5 discharged relieved and one not improved, two patients escaped, one was captured, and the other left the island assisted by his friends.

The rate of recovery calculated on the number of admissions was 53.89 per cent.

Forty men and fifty-one women, or a total of ninety-one died, of these one inmate committed suicide by strangulation in his cell, several patients admitted in a moribund condition died within a few hours or days of admission.

With the exception of slight recrudescence of pellagra among the female inmates the Asylum has enjoyed the best of health with a marked absence of malarial fever and gastro-intestinal diseases.

The death rate of 7.6 per cent. on the average number resident is one of the lowest in the history of the Institution.

Table X indicates the probable cause of insanity in the patients admitted during the twelve months.

Hereditary influence accounted for 75 of the admissions. There are indications the time is approaching for preventing those who have suffered from insanity or who have inherited insanity on both sides from marrying. For the sake of future generations drastic measures are advocated for the suppression of the unfit. Herbert Spencer pointed out that to be a good animal was the first requisite to success in life, and to be a nation of good animals was the first condition to national prosperity. Three admissions were attributed to ganja smoking which confirms the opinion expressed by the Council of Evangelical churches that ganja smoking is spreading among the natives of the island, and that proper steps should be taken to suppress the cultivation and sale of the plant.

All the buildings destroyed by the earthquake were restored during the year, and an additional ward for the accommodation of 100 female inmates built. This has given us entire relief from overcrowding from which the Asylum suffered for many years.

A rainfall of 15.71 inches for the twelve months was exceedingly small and advantage was taken of the drought to clean the grounds and repair the fences at the same time providing healthy occupation for the inmates in the open air.

The usual indoor and outdoor amusements were attended to, the Coronation holidays were kept with general rejoicings.

On Christmas day Mrs. Bourne visited all the female wards and after dinner addressed a few words of encouragement to the patients.

My grateful thanks are due to Mr. James Dunn for 24,000 cigarettes at Xmas, and to the following gentlemen for magazines and illustrated papers—R. S. Haughton, Esq., W. P. Purdon, Esq., Archibald Munroe, Esq., John McDonald, Esq., also the honorary secretaries of the Jamaica, Liguanea and St. Andrew clubs.

Dr. L. A. Crooks was appointed member of the Board of Visitors in place of the late Dr. James Ogilvie.

G. P. Myers, Esq., was appointed in lieu of the Rev. Arthur James, B.A., resigned upon leaving the island.

Mr. James took a keen interest in the affairs of the institution, and seldom failed to attend the meetings of the Board of Visitors

The Asylum lost the services of a faithful officer upon the promotion of Dr. Donald Neish to the post of Health Officer for Port Royal.

Dr. Cassidy was appointed second assistant Medical Officer in lieu of Dr. Neish, whilst Dr. Sherlock acted for 7 months during the leave of absence granted Dr. Shackleton.

£18,920 5s. 10d. was voted for the maintenance of the Asylum, and £17,797 1s. 2d. expended, and a rate of 9½d. per head per day.

I am, etc.,

Sgd. D. J. WILLIAMS, Med. Supt. L. A.

June 1st, 1912.

TABLE I.—Shewing the actual admissions, re-admissions, discharges and deaths during the year ended 31st March, 1912.

——	Males.	Females	Total.	Males.	Females	Total.
In Asylum 1st April, 1911	...	...	...	567	602	1,169
Cases admitted—						
First admissions	124	120	244			
Not first admissions	14	10	24			
Captured	1	...	1			
Birth	1	...	1			
Total Cases admitted during the year ...	...	...	..	140	130	270
Total Cases under care during the year ...	...	...	...	707	732	1,439
Cases discharged—						
Recovered	67	77	144			
Relieved	3	2	5			
Not improved	1	...	1			
Escaped	2	...	2			
Died	40	51	91			
Infant removed	1	...	1			
Total discharged and died during the year	...	...	...	114	130	244
Remaining in Asylum 31st March, 1912 ...	...	...	...	593	602	1,195
Average number resident during the year				581	602	1,183
Persons under care during the year (*i.e.*, separate persons in contradistinction to cases which may include the same individual more than once)				693	722	1,415
Persons admitted				124	120	244
Persons recovered				58	61	119

TABLE Ia.—Shewing the number of previous attacks among those admitted during the year 1911-1912, distinguishing those attacks that have been treated to recovery and discharged.

Number of previous attacks.	Having had previous attacks.					
	All attacks.			Attacks followed by discharge or recovery.		
	Males.	Females	Total.	Males.	Females	Total.
Have had 1 previous attack	21	20	41	—	3	3
Have had 2 previous attacks	8	4	12	2	2	4
Have had 3 previous attacks	1	3	4	—	2	2
Have had 4 previous attacks	—	1	1	—	—	—
Have had more than 5 attacks	1	—	1	—	—	—
	31	28	59	2	7	9

TABLE II.—Shewing the admissions, re-admissions, discharges and deaths for the past fifteen years ended 31st March, 1912.

———	Males.	Females	Total.	Males.	Females	Total.
Remaining on 31st March, 1897	...	...	...	345	377	722
Admitted during the last fifteen years	1,494	1,408	2,902			
Re-admissions	295	252	547			
Total number of admissions	...	...	...	1,789	1,660	3,449
Total number under care	...	...	...	2,134	2,037	4,171
Discharged cases—						
Recovered	793	730	1,523			
Relieved	33	19	52			
Not improved	24	9	33			
Died	689	677	1,366			
Total discharged and died	...	...	...	1,539	1,435	2,974
Escaped and not captured	...	...	...	2	—	2
Remaining 31st March, 1912	..	...	...	593	602	1,195
Average yearly number resident	...	...	...	481	486	967

TABLE III.—Shewing the Admissions, Discharges and Deaths, with the mean Annual Mortality, and the proportion of recoveries per cent. of the Admissions for each of the last fifteen years.

Year.	Admitted.			Discharged.												Remained 31st March in each year.			Average number Resident.			Percentage of Recoveries on Admission.			Percentage of Deaths on average number Resident.		
				Recovered.			Relieved.			Not Improved.			Died.														
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1897-98	109	95	204	34	34	68	...	...	...	2	...	2	25	44	69	393	394	787	377	382	759	31.19	36.84	34.01	6.63	11.16	8.89
1898-99	88	80	168	66	53	119	...	...	...	2	2	4	32	31	63	381	386	767	386	388	774	75.	66.25	70.62	8.29	7.98	8 13
1899-1900	96	93	189	34	32	66	1	...	1	2	2	4	38	30	68	402	417	819	390	399	789	35.41	34.41	34.90	9.74	7.52	8.36
1900-01	104	96	200	48	42	90	2	...	2	...	...	...	32	27	59	424	444	868	414	430	844	46.15	43.75	44.95	7.72	6.27	6.99
1901-02	99	83	182	55	48	103	3	1	4	2	...	2	40	38	78	423	440	863	423	439	862	55.55	57.83	56.69	9.45	8.65	9.05
1902-03	118	108	226	41	35	76	...	...	...	...	...	...	25	29	54	475	484	959	456	459	915	43.74	32.40	33.57	5.48	6.31	5.89
1903-04	105	101	206	34	33	67	...	...	...	3	...	3	38	57	95	505	495	1,000	492	480	972	32.38	32.67	32.52	7.72	11.87	9.79
1904-05	124	116	240	53	37	90	...	1	1	3	1	4	37	74	111	536	498	1,034	520	502	1,022	42.74	31.89	37.31	7.11	14.74	10.92
1905-06	134	96	230	52	53	105	11	4	15	1	...	1	44	42	86	562	495	1,057	545	503	1,048	38.80	55.20	47.	8.07	8.34	8.20
1906-07	109	125	234	83	68	151	8	5	13	...	..	...	76	45	121	504	502	1,006	543	505	1,048	76.14	54.40	55.27	13.99	8.91	11.45
1907-08	148	131	279	58	61	119	3	3	6	...	1	1	72	55	127	519	513	1,032	520	513	1,033	39.18	46.56	42.87	13.84	10.72	12.28
1908-09	114	123	237	51	34	85	4	2	6	1	2	3	81	39	120	496	559	1,055	515	535	1,050	44.73	27.64	36.18	15.72	7.28	11.50
1909-1910	139	123	262	46	51	97	1	1	2	2	1	3	60	73	133	525	556	1,081	510	571	1,081	33.09	41.46	37.27	11.76	12.78	12.27
1910-1911	164	160	324	71	72	143	1	...	1	1	...	1	49	42	91	567	602	1,169	546	591	1,137	43.29	45.	44.14	8.97	7.10	8.03
1911-1912	138	130	268	67	77	144	3	2	5	1	...	1	40	51	91	593	602	1,195	581	602	1,183	48.55	59.23	53.89	6.88	8.47	7.67
Totals	1,789	1,660	3,449	793	730	1,523	37	19	56	20	9	29	689	677	1,366	7,305	7,387	14,692	7,218	7,299	14,517	676.94	565.51	661.21	141.37	138.10	139.72
Average for 15 years.	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	487.	492.4	979.4	481.2	486.6	967.8	45.12	37.7	41.41	9.42	9.20	9.31

TABLE IV.—Shewing the history of the annual admissions for the past fifteen years, with the discharges and deaths, and the numbers of each year remaining on 31st March, 1912.

Year.	Admitted.					Of each year's admissions, discharged and died in the year.												Total discharged and died of each year's admissions to 31st March, 1912.												Remaining of each year's Admissions 31st March, 1912.			Year.
	New Cases.		Re-admissions.			Recovered.			Relieved.			Not improved			Died.			Recovered.			Relieved.			Not improved			Died.						
	M.	F	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
1897–98	91	82	18	13	204	...	...	...	...	...	...	...	...	...	1	...	1	52	48	100	1	...	1	...	...	...	39	32	71	17	15	32	1897–98
1898–99	80	69	8	11	168	...	...	...	...	...	...	...	...	...	...	...	...	42	33	75	1	3	4	2	2	4	29	23	52	14	19	33	1898–99
1899–1900	86	79	10	14	189	...	...	...	...	...	...	...	...	...	...	..	...	41	44	85	1	1	2	...	...	...	38	25	63	16	23	39	1899–1900
1900–1901	88	87	16	9	200	...	...	...	...	...	...	...	...	...	1	..	1	43	39	82	2	3	5	...	...	...	38	36	74	21	18	39	1900–1901
1901–1902	82	76	17	7	182	...	...	...	...	...	...	...	...	...	...	...	...	37	30	67	...	1	1	4	...	4	45	31	76	13	21	34	1901–1902
1902–1903	104	98	14	10	226	2	...	2	...	...	...	...	...	...	...	2	2	50	37	87	1	...	1	1	...	1	38	29	77	28	32	60	1902–1903
1903–1904	76	70	29	31	206	...	...	...	...	...	...	...	...	...	1	1	2	49	39	88	1	1	2	4	1	5	30	34	64	21	26	47	1903–1904
1904–1905	103	106	21	10	240	...	...	...	...	...	...	...	...	...	1	1	2	58	40	98	...	2	2	1	...	1	46	41	87	19	33	52	1904–1905
1905–1906	100	65	34	31	230	1	...	1	...	...	...	...	...	...	1	...	1	55	51	106	3	3	6	2	...	2	49	25	74	25	17	42	1905–1906
1906–1907	77	93	32	32	234	1	2	3	...	...	...	...	...	...	...	...	...	53	60	113	2	5	7	2	...	2	40	30	70	12	30	42	1906–1907
1907–1908	119	115	29	16	279	2	1	3	...	...	...	...	...	...	...	4	4	61	54	115	2	...	2	...	1	1	38	31	69	47	45	92	1907–1908
1908–1909	92	103	22	20	237	4	4	8	...	...	...	...	...	...	5	4	9	42	45	87	5	1	6	3	2	5	35	41	76	29	34	63	1908–1909
1909–1910	129	107	10	16	262	8	10	18	3	...	3	...	...	...	1	5	6	58	70	128	3	...	3	1	1	2	29	28	57	48	24	72	1909–1910
1910–1911	143	138	21	22	324	32	37	69	...	1	1	...	...	...	11	9	20	58	68	126	1	1	2	..	...	...	26	26	52	79	65	144	1910–1911
1911–1912	124	120	14	10	268	16	23	39	...	1	1	1	...	1	17	17	34	16	23	39	...	1	1	1	...	1	17	17	34	104	89	193	1911–1912
	1,494	1,408	295	252	3,449	66	77	143	3	2	5	1	...	1	39	43	82	715	681	1,396	23	22	45	21	7	28	537	459	996	493	491	984	

Summary of total admissions.		Males.	Females.	Both Sexes.
Percentage of cases recovered	...	39.96	41.02	40.49
Do. relieved	...	1.28	1.32	1.30
Do. not improved	...	1.17	.42	.79
Do. died	...	30.01	27.65	28.83
Do. remaining	...	27.58	29.59	28.59
		100.00	100.00	100.00

TABLE V.—Shewing the causes of death during the year 1911-1912, with the ages at death.

—	Under 15		15 & Under 20		20 & Under 25		25 & Under 30		30 & Under 35		35 & Under 40		40 & Under 45		45 & Under 50		50 & Under 55		55 & Under 60		60 & Under 65		65 & Under 70		70 & Under 75		75 & Under 80		80 & Under 85		Over 85.	Total		Grand Total.
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M	F.	M.	F.	M.	F.	M	F.		M.	F.	
Cerebro-Spinal Diseases—																																		
Chronic Brain disease ...	.	.	.	.	.	.	.	.	.	1	1	.	1	.	1	3	.	1	.	.	.	.	1	.	.	.	.	.	.	.	.	4	5	9
Cerebral softening ...	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Maniacal Exhaustion ...	.	.	.	.	.	1	1	1	.	3	1	.	1	2	1	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	4	7	11
Cerebral hœmorrhage ...	.	.	.	.	.	.	.	.	.	.	.	.	.	.	1	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	1	.	1
Epilepsy ...	.	.	.	.	.	.	.	.	2	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	2	.	2
General paralysis ...	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Hydatids of brain ...	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Cerebral abscess ...	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Meningical haemorrhage ...	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	1	.	.	.	1	.	.	.	.	.	.	2	2
Fractured skull ...	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Corcinoma of brain ...	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Thoracix Disease—																																		
Phthisis ...	.	.	2	.	.	.	3	1	1	7	2	2	1	3	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	9	13	22
Pneumonia ...	.	.	.	.	.	1	.	1	.	1	.	.	.	.	.	.	1	.	.	.	.	1	.	.	.	1	.	.	.	.	.	1	5	6
Rupture of heart ..	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	1	.	.	.	.	.	.	.	.	1	1
Abscess of lung ...	.	.	.	.	.	.	.	.	.	.	.	.	1	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	1	.	1
Pericarditis ...	.	.	.	.	.	.	.	.	.	.	1	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	1	.	1
Morbus cordis ...	.	.	.	.	.	.	.	.	1	.	2	.	1	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	4	.	4
Odema of lung ...	.	.	.	.	.	.	1	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	1	.	1
Cancer of breast ...	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	1	.	.	.	.	.	.	.	.	.	.	.	.	1	1
Abdominal Diseases—																																		
Bright's disease ...	.	.	.	.	.	.	.	.	.	1	.	1	.	.	.	.	.	.	1	1	.	1	1	.	1	1	.	.	.	.	.	3	5	8
Tubercular Peritonitis ...	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	1	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	1	1
Acute Colitis ...	.	.	.	.	.	.	1	.	.	.	1	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	2	.	2
Peitonitis ...	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Pancreatitis .	.	.	.	.	.	.	1	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Pycho nephritis ...	.	.	.	.	.	.	.	.	.	.	.	.	.	1	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	1	1
Cancer of Pancras ...	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	1	.	.	.	.	.	.	.	.	.	.	1	1
Aneurism of Abdominal Aorta ...	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	1	.	.	.	.	.	.	.	.	.	.	1	1
Ulcer of Stomach ...	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	1	.	.	.	.	.	.	.	.	.	.	1	.	1
General Diseases—																																		
Malarial fever ...	.	.	1	.	1	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	2	.	2
Syphilis ...	.	.	.	.	.	.	.	.	.	.	.	1	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	1	1
Cellulitis ...	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Suicidal strangling ...	.	.	.	.	1	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	1	.	1
Ankylostomiasis ...	.	.	.	.	.	.	.	.	.	.	1	1	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	1	1	2
General Tuberculosis ...	.	.	.	.	.	.	.	.	.	.	.	.	1	.	.	.	.	.	.	.	.	1	.	.	.	.	.	.	.	.	.	1	1	2
Pellagra ...	.	.	.	.	.	.	.	2	.	1	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	1	.	.	.	.	.	.	4	4
Pyæmia ...	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Marasmus ...	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Enteric fever ...	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Senile decay ..	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	1	.	.	1	.	.	.	1	1	2
																																40	51	91

TABLE VI.—Shewing the length of residence in those discharged recovered and in those who have died during the year 1911-1912.

Length of Residence.	Recovered.			Died.		
	Males.	Females.	Total.	Males.	Females.	Total.
Under 1 month	...	1	1	6	11	17
From 1 to 3 months	2	5	7	6	4	10
From 3 to 6 “	16	20	36	5	2	7
From 6 to 9 “	12	19	31	7	5	12
From 9 to 12 “	8	11	19	3	2	5
From 1 to 2 years	9	...	9	1	3	4
From 2 to 3 “	10	16	26	4	4	8
From 3 to 5 “	6	5	11	2	8	10
From 5 to 7 “	1	...	1	2	1	3
From 7 to 10 “	2	...	2	1	3	4
From 10 to 12 “	...	...	...	1	...	1
From 12 to 15 “	...	...	...	1	2	3
From 15 to 20 “	..	...	...	...	3	3
From 20 to 25 “	1	...	1	...	1	1
From 25 to 30 “	...	...	...	...	1	1
From 30 to 35 “	...	...	...	1	1	2
From 35 to 40 “	...	...	...	...	...	...
Upwards of 40 “	...	...	...	. .	...	...
	67	77	144	40	51	91

TABLE VII.—Shewing the duration of the disorder on admission in the admissions, discharges and deaths during the year ended 31st March, 1912.

CLASS.	Admissions.			Discharges.						Deaths.		
				Recovered.			Removed. Relieved or otherwise.					
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
First Class—First attack, and within 3 months on admission	84	75	159	36	47	83	2	1	3	26	30	56
Second Class.—First attack, above 3 and within 12 months on admission	11	11	22	3	3	6	1	...	1	7	9	16
Third Class.—Not first attack, and within 12 months on admission	31	26	57	22	24	46	...	...	...	4	5	9
Fourth Class.—First attack or not, but of more than 12 months on admission	11	11	22	6	1	7	1	1	2	3	3	6
Fifth Class.—Congenital	1	1	2	...	...	...	...	...	...	...	...	...
Unknown	...	6	6	...	2	2	...	...	...	...	4	4
Total	138	130	268	67	77	144	4	2	6	40	51	91

TABLE VIII.—Shewing in quinquennial periods the ages of those admitted, recovered and died during the year 1911-12 and those remaining on 31st March, 1912.

Ages.	Admissions.			Recoveries.			Deaths.			Patients resident 31st March, 1912.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
From 5 to 10 yrs	...	..	...	...	...	...	...	...	...	...	...	...
“ 10 to 15 “	1	...	1	1	2	3	...	...	...	1	2	3
“ 15 to 20 “	23	20	43	11	7	18	3	..	3	23	22	45
“ 20 to 25 “	27	27	54	14	17	31	2	6	8	58	38	96
“ 25 to 30 “	20	24	44	9	19	28	7	6	13	85	71	156
“ 30 to 35 “	11	6	17	5	9	14	5	7	12	68	82	150
“ 35 to 40 “	20	21	41	6	10	16	8	9	17	87	84	171
“ 40 to 45 “	9	8	17	11	8	19	5	5	10	78	72	150
“ 45 to 50 “	11	11	22	4	...	4	2	4	6	61	65	126
“ 50 to 55 “	7	1	8	4	2	6	3	2	5	46	57	103
“ 55 to 60 “	3	4	7	...	1	1	2	5	7	37	45	82
“ 60 to 65 “	...	2	2	1	1	2	1	1	2	24	30	54
“ 65 to 70 “	2	1	3	...	1	1	1	4	5	10	16	26
“ 70 to 75 “	2	...	2	1	...	1	1	..	1	12	7	19
“ 75 to 80 “	...	...	...	...	...	...	...	1	1	3	4	7
“ 80 to 85 “	...	2	2	...	...	...	...	1	1	...	4	4
“ 85 to 90 “	...	...	...	...	...	...	...	...	...	...	1	1
“ 90 to 95 “	...	...	...	...	...	...	...	...	...	...	2	2
Unknown ...	2	3	5	...	...	...	...	...	...	...	...	...
Totals ...	138	130	268	67	77	144	40	51	91	593	602	1,195
Mean Age ...	33.	33.16	33.8	32.92	31.24	32.08	39.45	43.23	41.34	40.29	41.97	41.13

TABLE IX.—Shewing the condition as to Marriage in the Admissions, Recoveries and Deaths during the year.

Condition in reference to Marriage.	Admissions.			Recoveries.			Deaths.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Single	99	90	189	42	50	92	25	33	58
Married	36	29	65	24	19	43	12	15	27
Widowed	1	7	8	1	5	6	1	1	2
Unknown	2	4	6	...	3	3	2	2	4
Total	138	130	268	67	77	144	40	51	91

TABLE X.—Shewing the probable causes of insanity in the Patients admitted during the year ended 31st March, 1912.

Causes of Insanity.	Number of instances in which each cause was assigned.											
	Number of cases. Admissions—Males, 138, Females, 130, Total 268											
	As predisposing cause.			As exciting cause.			As predisposing or exciting where these could not be distinguished			Total.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Moral—												
Domestic trouble (including loss of relatives and friends)	..	..	..	1	4	5	..	..	..	1	4	5
Adverse circumstances (including business anxieties and pecuniary difficulties)	..	..	..	1	1	2	..	..	..	1	1	2
Mental anxiety and worry (not included under above two heads) and overwork	..	..	..	..	3	3	..	..	..	..	3	3
Religious excitement	..	..	..	..	4	4	..	..	..	..	4	4
Love affairs (including seduction)	..	..	..	..	3	3	..	..	..	..	3	3
Fright and nervous shock	..	..	..	..	2	2	..	..	..	..	2	2
Grief	..	..	..	..	..	..	..	..	..	..	..	..
Earthquake shock	..	..	..	..	..	..	..	..	..	..	..	..
Physical—												
Intemperance in drink	..	..	..	4	..	4	..	..	..	4	..	4
Sexual Intemperance	..	..	..	..	..	..	..	..	..	..	..	..
Venereal Disease	..	..	..	1	1	2	..	..	..	1	1	2
Self-abuse (sexual)	..	..	..	..	..	..	..	..	..	..	..	..
Over-exertion	..	..	..	..	..	..	..	..	..	..	..	..
Ganga-smoking	..	..	..	3	..	3	..	..	..	3	..	3
Accident or injury	..	..	..	..	2	2	..	..	..	..	2	2
Puberty	4	..	4	..	..	..	..	..	..	4	..	4
Fevers	2	..	2	..	1	1	..	..	..	2	1	3
Privation and starvation	..	..	..	..	..	..	..	..	..	..	..	..
Senility	4	8	12	..	..	..	..	..	..	4	8	12
Other bodily disease	..	5	5	..	..	..	..	..	..	..	5	5
Previous attacks	31	28	59	..	..	..	..	..	..	31	28	59
Hereditary influence	32	43	75	..	..	..	..	..	..	32	43	75
Congenital defect ascertained	..	..	..	..	1	1	..	..	..	..	1	1
Adolescence	25	10	35	..	..	..	..	..	..	25	10	35
Epilepsy	..	..	..	9	6	15	..	..	..	9	6	15
Puerperal Fever	..	..	..	..	14	14	..	..	..	..	14	14
Tubercular disease	..	1	1	1	..	1	..	..	..	1	1	2
Pregnancy	..	..	..	..	..	..	..	..	..	..	..	..
Not known	..	..	..	36	30	66	..	..	..	36	30	66
Other ascertained causes	..	..	..	..	..	..	..	..	..	..	..	..
Climacterium	..	3	3	..	..	..	..	..	..	..	3	3
Traumatism	..	..	..	2	..	2	..	..	..	2	..	2

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* With reference to the distinction between "predisposing" and "exciting" causes, it must be understood that no single cause is enumerated as both predisposing and exciting in the case of any individual patient.

† The figure in the total column represent the entire number of instances in which the several causes (either alone or in combination with others) were stated to have produced the mental disorder. The excess of the aggregate of such causes over the number of patients admitted is owing to the combinatlon of causes.

TABLE XI.—Shewing the form of mental disorder in the Admissions, Recoveries and Deaths during the year and the form of mental disorder of the inmates on 31st March, 1912.

Form of Mental Disorder.	Admissions.			Recoveries.			Deaths.			Remaining in Asylum.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Congenital or Infantile mental deficiency ..												
(a) with Epilepsy	..	..	..	..	..	..	..	..	..	10	6	16
(b) without Epilepsy	1	1	2	..	..	..	..	..	..	23	4	27
Epilepsy—Acquired	7	6	13	4	2	6	3	2	5	45	39	84
General Paralysis of the Insane ..	1	..	1	..	..	..	..	..	..	1	..	1
Mania—												
Acute	89	63	152	39	37	76	19	18	37	139	71	210
Chronic	2	10	12	1	..	1	6	15	21	269	255	524
Recurrent	33	22	55	25	24	49	4	..	4	12	41	53
a Potu	..	..	..	..	..	..	..	..	..	..	..	..
Puerperal	..	14	14	..	13	13	..	..	..	..	8	8
Senile	3	7	10	..	..	..	2	6	8	1	5	6
Melancholia—												
Acute	..	2	2	..	1	1	1	1	2	..	3	3
Chronic	..	..	..	1	..	1	3	..	3	..	..	..
Recurrent	..	..	..	1	..	1	..	..	..	..	..	..
Puerperal	..	..	..	..	..	..	..	..	..	..	..	..
Senile	..	1	1	..	..	..	..	..	..	..	1	1
Dementia—												
Primary	2	1	3	..	..	..	..	..	..	2	4	6
Secondary	..	2	2	..	..	..	2	6	8	91	164	255
Senile	..	1	1	..	..	..	..	3	3	..	1	1
Organic (*i.e.* from tumours, coarse brain lesions, etc.) ..	..	..	..	..	..	..	..	..	..	..	..	..
	138	130	268	71	77	148	40	51	91	593	602	1195

TABLE XII.—Shewing the previous occupations of patients admitted during the year 1911-1912.

Males.

Occupation.	No.	Occupation.	No.
Photographer	1	Jockey	1
Servant	1	Fireman	1
Blacksmiths	4	Distiller	1
Pedlars	2	Planters	4
Electrician	1	Shopkeeper	1
Carpenters	4	Shoemakers	4
Merchant	1	Soldier	1
Cultivators	8	None	9
Teachers	2	Tailors	7
Fisherman	1	Clergyman	1
Labourers	74	Gardener	1
Dentist	1		
Clerks	6	Total	138
Mechanic	1		

Females.

Occupation.	No.	Occupation.	No
Schoolmistress	3	Washerwomen	6
Domestic Servants	23	Unknown	7
Dressmakers	13	Basket-maker	1
Gentlewoman	1	Vagrant	1
Higglers	4	Preacher	1
Labourers	66		
Midwife	1		
Cook	1	Total	130
Nurses	2		

TABLE XIII.—Shewing the Physical condition of patients admitted in 1911-1912.

	Males.	Females.	Total.
In good bodily health and condition	55	49	104
In fair bodily health and condition	43	49	92
In poor, feeble, very feeble, bad and exhausted condition	39	32	71
Impaired	1	..	1
Total	138	130	268

FINANCIAL STATEMENTS.

TABLE XIV.—Cost of maintenance for the year 1911-12.

	£	s.	d.
Salaries	2,345	19	9
Wages	4,001	13	7
Religious Services	57	15	0
Provisions	8,422	13	7
Necessaries	392	6	0
Clothing and bedding	1,079	15	4
Equipment	153	8	10
Furniture	133	7	8
Wine and Spirits	30	8	5
Surgery and Dispensary	298	8	4
Funeral Expenses	71	5	3
Removals	31	15	10
Tenants Repairs	85	5	2
Farms and Grounds	89	15	6
Miscellaneous	153	11	11
Telephones	24	3	0
Scavengery	1	18	3
Lighting	423	9	9
	17,797	1	2

LESS RE-IMBURSEMENTS.

	£	s.	d.	£	s.	d.
Contributing Patients, etc.	735	0	8			
Immigration Fund (Law 31 of 1910)	131	11	0¾			
Parochial Poor Rates	15,722	17	11	16,589	9	7¾
Net Cost of General Revenue				1,207	11	6¼

TABLE NO. XV.—Parochial Maintenance Account, Law 30 of 1873.

	No. of Patients 1910-11.			Amount for 1910-11.			No. of Patients 1911-12.			Amount for 1911-12.		
	Males	Females.	Total.	£	s.	d.	Males	Females.	Total.	£	s.	d.
Kingston	89	125	214	2,840	8	8½	92	145	237	2,874	14	6
St. Andrew	50	53	103	1,324	11	1¼	44	52	96	1,193	11	5¼
St. Thomas	18	36	54	713	10	7¼	17	34	51	668	12	5
Portland	25	25	50	671	5	7¾	23	21	44	571	11	9
St. Mary	50	33	83	1,044	5	2¼	50	33	83	1,030	16	6½
St. Ann	33	47	80	1,029	19	11¼	36	42	78	994	5	5¾
Trelawny	13	30	43	567	16	3¼	15	29	44	556	7	2¾
St. James	34	32	66	830	13	6¾	33	36	69	828	0	5
Hanover	19	23	42	573	1	7	15	21	36	484	2	7
Westmoreland	50	48	98	1,203	15	0½	42	54	96	1,153	1	6½
St. Elizabeth	40	45	85	1,051	8	8¼	43	41	84	1,071	8	8¾
Manchester	43	32	75	807	9	2	45	29	74	799	13	0½
Clarendon	62	49	111	1,395	16	1¾	54	50	104	1,187	2	11¼
St. Catherine	93	99	192	2,470	4	11¾	92	99	191	2,291	17	9¼
Port Royal	1	..	1	15	13	7¾	1	..	1	14	11	6
	620	677	1,297	16,540	0	3¼	602	686	1,288	15,722	17	11

TABLE XVI.—Statement respecting Minor Funds of the Jamaica Lunatic Asylum to 31st March, 1912.

1.—SERVANTS' FINE FUND.

	£	s.	d.
Balance on 31st March, 1911	232	2	8¾
Receipts in 1911-1912	18	2	7
	250	5	3¾
Expenditure during 1911-1912	8	6	0
Amount at credit 31st March, 1912	241	19	3¾

2.—PATIENTS' FUND.

	£	s.	d.
Balance on 31st March, 1911	1,028	8	7
Receipts in 1911-1912	76	0	2
	1,104	8	9
Expenditure during 1911-1912	79	18	4½
Amount at credit 31st March, 1912	1,024	10	4½

3.—O'LAUGHLIN'S FUND.

	£	s.	d.
Balance on 31st March, 1911	432	0	6
Receipts in 1911-1912	16	3	0
	448	3	6
Expenditure during 1911-1912	13	8	6
Amount at credit 31st March, 1912	434	15	0

TABLE NO. XVII.—Shewing the total number of patients under treatment from 1880-81 to 1911-1912; the Total Cost; the Re-imbursements-in-Aid of Expenses incurred by the Government; the sources from which they are derived; and the Cost of Lunatic Asylum to General Revenue.

Years.	Total number of Patients under treatment.	Total Cost.	Reimbursements-in-Aid.				Net Cost of the Lunatic Asylum to General Revenue.
			Contributing Patients, &c.	Immigration Department.	Parochial Poor Rate.	Total Reimbursements-in-Aid.	
		£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
1880–81	490	7,251 9 2	191 7 2	None.	4,195 15 5	4,387 2 7	2,864 6 7
1881–82	445	6,846 13 2½	134 16 1	"	4,256 1 3	4,390 17 4	2,455 15 10½
1882–83	512	7,061 16 9½	189 14 5	"	4,643 8 8	4,833 3 1	2,228 13 8½
1883–84	505	6,935 14 2½	208 6 2	"	5,203 10 11	5,411 17 1	1,523 17 1½
1884–85	513	6,871 12 6	252 13 2	"	4,879 16 0	5,132 9 2	1,739 3 4
1885–86	531	7,027 7 3	376 6 9	"	4,677 15 5	5,054 2 2	1,973 5 1
1886–87	530	7,067 10 4½	415 15 7	"	4,971 6 3	5,387 1 10	1,680 8 6½
1887–87	541	7,710 5 6	365 4 7	"	5,587 15 9	5,953 0 4	1,757 5 2
1888–89	584	8,781 14 0	391 0 6	"	6,677 13 2	7,068 13 8	1,713 0 4
1889–90 (6 months) ..	541	4,755 14 0	151 13 5	"	3,796 11 11	3,948 5 4	807 8 8
1890–91	648	10,093 10 7½	301 10 0	"	8,208 4 11	8,509 14 11	1,583 15 8½
1891–92	704	11,578 17 2½	471 6 10	"	9,276 3 2¾	9,747 10 0¾	1,831 7 1¾
1892–93	702	11,453 1 3¾	532 6 0	"	9,369 19 4	9,902 5 4	1,550 15 11¾
1893–94	729	11,280 18 1	492 16 4	"	9,197 13 9	9,690 10 1	1,590 8 0
1894–95	741	11,648 15 6½	384 2 8	"	9,457 16 2½	9,841 18 10½	1,806 16 8
1895–96	795	11,867 3 1¾	418 13 6	"	9,941 19 0	10,360 12 6	1,506 10 7¾
1896–97	851	12,901 18 4¼	458 15 2	"	10,932 11 0	11,391 6 2	1,510 12 2¼
1897–98	926	14,061 12 9	532 19 8	"	11,772 1 4	12,305 1 0	1,756 11 9
1898–99	953	13,651 4 1	359 10 8	"	11,767 0 9	12,126 11 5	1,524 12 8
1899–1900	956	13,559 10 1	454 9 1	"	11,514 19 3	11,969 8 4	1,590 1 9
1900–1901	1,019	14,445 3 2½	525 8 5	"	12,333 1 8½	12,858 10 1½	1,586 13 1
1901–1902	1,050	14,759 17 8	547 3 10½	"	12,468 15 9¼	13,015 19 7¾	1,743 18 0¼
1902–1903	1,089	15,029 0 6	517 18 1½	"	13,101 14 3½	13,619 12 5	1,409 8 1
1903–1904	1,165	16,017 7 10	406 6 2	"	13,926 12 3½	14,342 18 5½	1,674 9 4½
1904–1905	1,240	16,007 2 0	449 9 2	"	13,843 10 0¾	14,292 19 2¾	1,713 6 0¼
1905–1906	1,264	16,852 9 7½	631 9 11½	"	14,396 14 5	15,028 14 4½	1,823 15 3
1906–1907	1,308	16,298 17 10	654 4 3½	"	14,246 2 7	14,900 6 10½	1,398 10 11
1907–1908	1,285	17,078 8 3	474 1 3	"	15,304 11 4½	15,778 12 7½	1,299 15 7½
1908–1909	1,269	17,786 8 11	633 5 10½	"	15,828 13 8½	16,461 19 7	1,324 9 4
1909–1910	1,320	17,453 7 7¾	459 16 1	"	15,934 10 4¼	16,394 6 5¼	1,059 1 2½
1910–1911	1,409	19,131 15 7	676 7 10	46 15 5¼	16,540 0 3¼	17,263 3 6½	1,868 12 0½
1911–1912	1,439	17,797 1 2	735 0 8	131 11 0¾	15,722 17 11	16,589 9 7¾	1,207 11 6¼
	..	391,063 8 5	13,793 19 5½	178 6 6	323,975 8 3¼	337,958 4 2¾	53,104 7 4¾

TABLE No. XVIII.—A Return shewing the General Financial and other Operations of the Lunatic Asylum from the Year 1874-75 to the Year 1911-1912.

Year.	Daily Average Number.	Salaries and Religious Services.	Wages.	Provisions.	Necessaries.	Clothing, Furniture and Bedding.
		£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
1874–75	324.43	1,412 2 10	879 15 7½	3,037 14 1½	139 5 0	487 0 10
1875–76	324 21	1,553 13 10	923 4 10½	2,910 11 7¼	116 13 8¾	387 12 3
1876–77	342.52	1,660 4 11	868 8 2	2,832 18 11	134 15 11½	347 12 11½
1877–78	361.57	1,705 3 10	851 7 0½	2,959 18 10	161 10 6	379 8 6½
1878–79	364.06	1,853 6 4	865 8 10½	3,167 9 11½	224 0 10	333 12 2
1879–80	381.25	1,782 18 2	888 11 2	3,161 17 4	176 4 2	328 10 9½
1880–81	368.48	1,771 16 6	884 1 3	3,272 19 3½	218 3 2	289 10 3
1881–82	358.67	1,784 8 0	861 12 11	2,963 9 9	231 5 4	303 14 5
1882–83	364.06	1,829 3 8	922 2 5	3,152 13 8½	220 19 7	322 0 6½
1883–84	396.05	1,708 12 10	932 15 5½	3,203 7 0	174 4 7	372 11 9½
1884–85	399.98	1,792 10 10	936 2 3½	3,079 11 8	166 7 0	387 4 4
1885-86	382.09	1,843 11 0	923 0 0	3,150 1 10½	176 4 4	345 9 6
1886–87	407.58	1,556 16 7	933 13 2	3,416 13 5	216 19 8	421 12 3
1887–88	398.00	1,533 14 7	994 18 7	3,741 6 1½	270 19 10	408 6 3
1888–89	438.24	1,783 9 9	1,161 7 10	4,280 19 5	358 0 0	438 3 2
1889-90 (6 mos.)	465.17	943 10 10	579 11 11	2,351 14 0	190 8 7	209 9 6
1890–91	496.16	1,918 8 6	1,268 15 0	5,102 14 2	403 6 6	433 4 11½
1891–92	543.93	1,934 9 8	1,462 14 6½	6,035 16 4	424 12 8½	685 7 9
1892–93	558.57	1,969 0 0	1,461 6 9½	5,421 17 7¼	514 18 2	691 17 8½
1893–94	571.98	2,239 1 4	1,509 19 3	5,299 17 4½	494 0 1	599 5 11½
1894–95	592 72	2,394 17 3	2,259 5 2	4,565 11 10½	529 13 7	667 8 10¼
1895–96	636.78	2,357 1 0	2,328 16 7	4,772 11 10¼	499 1 6	625 2 5
1896–97	694.15	2,519 17 9	2,410 18 3	5,336 10 2	545 9 2¾	803 18 8½
1897–98	759.70	2,554 1 11	2,838 16 10	5,470 9 11	615 17 4¼	993 2 4½
1898–99	774.96	2,586 1 2	3,175 7 6	5,342 10 9¾	529 7 0¾	924 14 4½
1899–1900	789.03	2,441 4 10	3,202 3 5	5,367 9 11	581 0 11	977 9 3½
1900–1901	844 32	2,564 0 11	3,198 9 11	5,807 12 5½	781 1 0½	992 2 6½
1901–1902	862.68	2,438 8 6	3,266 7 4	6,007 9 7½	799 8 4½	1,197 6 1¼
1902–1903	915.42	2,486 19 2	3,367 2 11	6,113 5 10¼	799 5 2	1,099 16 1¾
1903–1904	972.20	2,391 1 10	3,419 12 9	6,880 5 2¾	884 2 7	1,408 11 11
1904–1905	1022.26	2,142 4 10	3,470 1 11	7,618 9 3	882 7 4	1,069 3 9
1905–1906	1048.56	2,114 14 6	3,543 15 6	8,342 0 8½	979 19 10½	797 11 10
1906–1907	1048.74	2,230 17 7	3,672 11 10	7,5[illegible]5 11 0	994 15 4½	1,023 19 0
1907–1908	1033.61	2,302 16 7	3,784 15 8	8,084 9 1	305 12 9	1 525 9 7
1908–1909	1050.02	2,376 6 3	3,825 10 3	8,874 4 2	426 3 4	1,212 8 5
1909–1910	1081–60	2,432 0 0	3,834 1 9	8,616 8 1½	460 4 6	...
1910–1911	1137.15	2,451 6 5	3,944 3 1	9,364 13 9	369 15 9	...
1911–1912	1183.81	2,403 14 9	4,001 13 7	8,422 13 7	392 6 0	...

Year.	Wine, Spirits, and Beer.	Surgery and Dispensary.	Funeral Expenses.	Tenants' Repairs.	Farm and Garden.	Miscellaneous & Telephone.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
1874–75	90 0 3½	85 19 1½	32 18 6	136 16 7	265 0 6	99 5 7
1875–76	74 6 6	124 6 11	44 7 0	135 13 9	297 14 2½	99 10 5½
1876–77	59 12 6	65 10 6½	36 19 4½	129 13 11½	251 18 2	68 3 4½
1877–78	34 2 9	99 9 7½	41 9 9½	134 15 6½	195 3 1½	192 16 6
1878–79	30 5 9	49 4 7	38 10 1	104 4 8	151 6 4	175 18 10
1879–80	34 11 0	76 13 2	50 1 5	122 3 0½	218 14 5½	222 13 4
1880–81	57 10 0	65 13 2½	110 19 5	122 18 0	211 15 5½	215 12 9
1881–82	48 18 6	49 10 7½	71 4 11	117 0 11	145 15 1	243 3 3
1882–83	30 7 0	32 5 1½	123 12 6	116 1 8	87 1 9½	199 18 5½
1883–84	61 4 0	68 11 8	78 3 3	129 10 9½	97 8 3½	84 11 6½
1884–85	46 18 0	25 18 4	84 10 8½	112 3 7½	122 7 10	98 8 5½
1885–86	56 16 0	30 18 11	108 3 8	125 9 3	132 0 7	112 6 7½
1886–87	56 0 0	68 10 4	52 5 10	120 12 1	122 3 10½	71 12 2
1887-88	65 13 4	67 2 7½	61 5 1½	282 0 2½	151 5 11	109 10 2
1888–89	68 14 0	104 15 7	78 5 9	151 5 8	134 8 4	206 19 9
1889–90 (6 mos.)	32 14 6	101 7 0	41 1 5	105 1 0	88 5 11	88 16 2
1890–91	40 12 0	168 9 10	66 16 0	176 3 3½	160 3 0	190 11 7½
1891–92	45 13 6	141 18 3	78 8 3	190 6 2	171 9 4	175 12 2½
1892–93	41 12 6	207 7 7	71 2 8	233 0 6½	177 14 11	187 6 4
1893–94	37 6 6	184 10 4	79 7 0	191 16 0½	177 14 3	194 12 8½
1894-95	37 2 8	195 3 4	68 5 11	239 19 2¾	194 10 8	234 16 1½
1895-96	39 7 9	197 17 10	47 11 8	238 19 3	197 18 11	235 4 9½
1896-97	33 7 6	194 1 4	50 10 2½	259 7 7	219 4 9	242 16 10½
1897–98	51 0 6	238 4 2½	64 2 11	289 1 8	262 7 3¼	366 2 3½
1898–99	31 10 2½	253 15 2½	68 2 4½	164 17 3¾	153 12 11½	215 13 5¼
1899–1900	35 0 3	218 16 1	72 12 6½	144 19 2½	137 17 9	251 17 1½
1900–1901	39 1 6	133 0 2	45 0 9	163 15 7½	149 17 7	265 3 6½
1901–1902	43 0 6	210 15 0	61 17 4	147 17 7¼	145 14 8¾	254 2 4
1902–1903	44 13 0	220 11 10	46 2 5	171 10 1¾	151 0 4½	262 12 1¾
1903–1904	60 16 0	210 18 3	79 18 4	187 6 10	153 2 4½	266 15 0¾
1904–1905	42 6 6	180 14 6	73 2 2	138 5 6	88 1 2	212 15 3
1905–1906	24 18 3	271 2 6	73 5 7	180 2 5	81 17 3	217 14 1½
1906–1907	22 8 6	318 1 4	64 19 0	162 14 0	33 9 0½	198 13 5
1907–1908	36 19 6	288 18 11½	72 19 6	134 14 0	40 0 6½	302 . 2 11
1908–1909	23 1 3	264 14 6	72 8 0	173 3 5	27 4 4	184 1 6
1909–1910	55 19 3	255 10 11	70 14 0	80 17 0	96 11 9	213 18 3½
1910–1911	53 8 9	278 13 2	62 16 0	143 6 11	104 2 3	266 17 1
1911–1912	30 8 5	298 8 4	71 5 3	85 5 2	89 15 6	177 14 11

TABLE No. XVIII, *continued.*

Year.	Removal of Lunatics.	Scavengery.	Furniture Public Departments.	Total Cost.	Amount of Reimbursements-in-Aid.	Net Cost.	Weekly Rate per Head.	Admitted during the Year.		
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	Male.	Female	Total.
1874-75	16 19 0	...	...	6,682 18 0	888 1 6	5,844 16 6	0 6 10¾	46	38	84
1875-76	4 0 0	...	...	6,671 15 1½	752 1 6	5,919 13 7½	0 6 11¾	58	43	101
1876-77	17 12 8	...	...	6,473 11 5½	827 5 0	5,646 6 5½	0 6 3¾	69	43	112
1877-78	19 0 3	...	...	6,774 6 4½	764 18 10	6,009 7 6½	0 6 4¼	54	49	103
1878-79	11 0 6	...	...	7,004 8 11	159 12 10	6,844 16 1	0 7 2¼	53	51	104
1879-80	14 2 10	...	...	7,007 0 10½	168 7 8	6,908 13 2½	0 6 11	56	59	115
1880-81	30 9 8	...	...	7,251 9 2	191 7 2	7,060 2 0	0 7 4	65	42	107
1881-82	26 9 6	...	...	6,846 13 2½	134 16 1	6,711 17 1½	0 7 2	42	56	98
1882-83	25 10 4	...	...	7,061 16 9½	189 14 5	6,872 2 4½	0 7 2¾	73	68	141
1883-84	24 13 0	..	...	6,935 14 2½	208 6 2	6,727 8 0½	0 6 5¾	80	59	139
1884-85	19 10 0	...	...	6,871 12 6	252 13 2	6,618 19 4	0 6 4	56	64	120
1885-86	28 18 1	...	...	7,027 7 3	376 6 9	6,651 0 6	0 6 8	69	70	139
1886-87	30 11 0	...	...	7,067 10 4½	415 15 7	6,651 14 9½	0 6 3½	79	62	141
1887-88	24 2 9	...	...	7,700 5 6	365 4 7	7,345 0 11	0 7 0	78	71	149
1888-99	15 4 9	...	...	8,781 14 0	391 0 6	8,390 13 6	0 7 4	92	69	161
1889-90 (6 mos.)	10 9 0	..	...	4,755 14 0	151 13 5	4,604 0 7	0 7 7	39	43	82
1890-91	22 1 0	...	...	10,093 10 7½	301 10 0	9,792 0 7½	0 7 7	93	79	172
1891-92	25 3 6	207 5 0	...	11,578 17 2½	471 6 10	11,107 10 4½	0 7 8¾	80	106	186
1892-93	19 3 6	195 12 8	261 0 4	11,453 1 3¾	532 6 0	10,920 15 3¾	0 7 7	78	80	158
1893-94	18 7 9	192 19 0	62 0 6	11,280 18 1	492 16 4	10,788 1 9	0 7 2	75	78	153
1894-95	19 6 6	193 9 4½	49 5 0	11,648 15 6½	384 2 8	11,264 12 10½	0 7 3½	84	85	169
1895-96	27 7 6	192 0 2	47 8 11	11,867 3 1¾	418 13 6	11,448 9 7¾	0 6 10½	90	84	174
1896-97	27 12 0	208 4 0	50 0 0	12,901 18 4¼	458 15 2	12,443 3 2½	0 6 10½	81	106	187
1897-98	19 0 3	199 11 1	99 14 2	14,061 12 9	532 18 9	13,528 13 1	0 6 10	109	95	204
1898-99	39 10 9	126 0 11	...	13,651 4 1	359 10 8	13,291 13 5	0 6 7	88	80	168
1899-1900	24 13 6	104 5 3	...	13,559 10 1	454 9 1	1,305 1 0	0 6 4	96	93	189
1900-1901	26 4 3	116 12 7	163 0 4	14,445 3 2½	525 8 5	13,919 14 9½	0 6 4	104	96	200
1901-1902	29 5 9	115 12 6	42 12 0	14,759 17 8	547 3 10½	14,212 13 9½	0 6 4	99	83	182
1902-1903	22 6 9	111 10 5	94 12 11	15,029 0 6	517 18 1½	14,511 2 4½	0 6 1	118	108	226
1903-1904	17 5 9	22 0 5	35 10 6	16,017 7 10	406 6 2	15,611 1 8	0 6 2	105	101	206
1904-1905	19 18 0	17 17 1	50 18 0	16,006 5 3	449 9 2	15,557 12 10	0 5 10	124	116	240
1905-1906	30 11 3	3 18 0	190 17 10	16,852 9 7½	631 19 11½	16,220 9 8	0 5 11	134	96	230
1906-1907	35 18 3	...	4 19 6	16,298 17 10	654 4 3½	15,644 13 0½	0 5 10	109	125	234
1907-1908	30 12 9	2 16 3	...	17,078 8 3	474 1 3	16,604 7 0	0 6 3¼	148	131	279
1908-1909	22 11 0	1 11 8	...	17,786 8 11	633 5 10½	17,153 3 0½	0 6 5	114	123	237
1909-1910	22 2 3	0 12 6	70 2 1	17,453 7 7¾	459 16 1	16,993 11 6¾	0 6 1½	139	123	262
1910-1911	39 6 4	...	68 15 1	19,131 15 7	723 3 3¼	18,408 12 3¾	0 6 0	164	160	324
1911-1912	31 15 10	1 18 3	133 7 8	17,797 1 2	866 11 8¾	16,930 9 5¼	0 5 5¾	138	130	268

Year.	Lighting.	Clothing and bedding.	Equipment.
	£ s. d.	£ s. d.	£ s. d.
1907-1908	166 9 2	—	—
1908-1909	303 0 10	—	—
1909-1910	311 11 8	791 1 6¾	141 12 0
1910-1911	463 13 4	1,261 8 8	259 9 0
1911-1912	423 9 9	1,079 15 4	153 8 10

LEPERS' HOME.

Report for the year ended 31st March, 1912.

Jamaica Leper Asylum, 11th May, 1912.

SIR,

I have the honour to submit the Annual Report on this Institution for the past financial year.

The Staff have performed their duties in a very satisfactory manner. Miss Newell retired medically unfit for further service, and Miss McPherson was promoted from the Spanish Town Hospital as Matron. She is very tactful and efficient in performing her duties.

The buildings and grounds are in good order.

Papers and Magazines have been thankfully received from Mrs. Wigan, Mrs Neish, Mrs. Marescaux, Mrs. Powell, Mrs. Russell, The Custos, Mr. W. R. Durie and the Spanish Town Club.

The Report on Leprosy. The treatment advocated by Deycke Pasha of Constantinople has been continued in the selected cases during the year. The preparation called Nastine is made from a combination of so-called bacteriological products of the cultivation of the leprosy bacillus and benzoyl-chloride, suspended in sterile olive oil.

The claim that Nastine is an "immune substance" and has special immunizing effects on the bacillus of Hansen is not in accordance with present accepted theories of pathology and immunity. The therapeutic claim of benzoyl-chloride to remove the fat from acid-fast bacilli is not accepted by me. Benzoyl-chloride is an active chemical halogen, too unstable to be of any use medically in leprosy. It takes up Hydrogen from moisture forming Hydrochloric Acid.

The cases under treatment do not show any improvement. Better results are obtained by mercurial injections, Chaulmoogra Oil, and most certainly more marked by Anti-Leprin, prepared by Bayer & Co.

An interesting and exhaustive account on Nastine treatment has been published by the Government Bacteriologist of British Guiana. Deycke himself visited the Mahaica Asylum from December 1908 to April 1909, and directed the treatment. It was subsequently carried on by the Medical Officers.

The results obtained in our sister colony demonstrate that Nastine is of little or no value in the treatment of leprosy. This was also the opinion arrived at generally at the Bergen

Conference, and it is the opinion I have formed after its use for four years. Vide Annual Reports for 1909, 1910.

I hope to continue the treatment of leprosy during the year by Anti-Leprin, prepared by Bayer & Co. of London. This is a purified form of Chaulmoogra Oil and so far as my previous experiments go is a helpful and useful method of treatment.

The death rate has been phenomenally low during the past year, the lowest for 22 years, viz. 7.7 per cent.

The average longevity of leper life has been :—

Tubercular	Females	No deaths
Anaesthetic	"	21 years 28 days.
Tubercular	Males	13 yrs. 7 mos.
Anaesthetic	"	18 yrs.

The usual statistical tables are attached.

W. D. NEISH, M.D.,
Medical Superintendent.

The Superintending Medical Officer, Kingston.

TABLE NO. I.—General Statistics for 1911-1912.

	Males.	Females.	Total.	Remarks.
Remaining in Asylum 31/3/1911 ...	57	47	104	
Admitted 1911-1912	19	7	26	
Discharged "	3	...	3	Law 15 of 1896.
Absconded "	2	1	3	
Died "	6	4	10	
Remaining 31/3/1912	65	49	114	

TABLE NO. II.—Comparative Statistics from 1st October, 1878, to 31st March, 1912.

Year.	Admissions.		Discharges.		Deaths.		Remaining at end of Year.		Death rate per 100.	Re-admission of Lepers.
	Lepers.	Non-Lepers.	Lepers.	Non-Lepers.	Lepers.	Non-Lepers.	Lepers.	Non-Lepers.		
1878-79	26	39	2	40	10	3	40	31	10·31	...
1879-80	26	43	8	31	7	..	51	33	5·	...
1880-81	39	101	16	72	11	4	63	58	6·69	...
1881-82	38	115	23	107	13	5	65	61	6·50	...
1882-83	40	85	22	96	8	3	75	47	4·38	...
1883-84	30	71	26	63	9	3	70	52	5·38	...
1884-85	33	87	18	80	14	...	71	59	5·78	...
1885-86	39	131	17	114	16	2	77	74	6.	...
1886-87	25	141	17	130	16	6	69	79	6·94	...
1887-88	32	8	...	19	23	8	78	60	16·48	...
1888-89	31	93	4	98	11	6	94	49	6·48	...
Oct. '89 to March '90 ...	9	22	6	35	12	2	82	37	8.04	...
1890-91	34	67	15	88	15	2	86	14	7·74	...
1891-92	38	2	8	9	15	2	106	5	12·16	...
1892-93	26	1	16	4	1	...	100	2	8.27	...
1893-94	23	2	24	3	20	...	79	1	15-74	7
1894-95	26	1	12	...	18	...	75	2	16.82	14
1895-96	37	2	8	4	10	...	94	...	8.62	10
1896-97 .:. ...	40	2	11	2	16	1	106	...	12·5	9
1897-98	38	1	3	2	13	...	127	...	8.96	3
1898 99	20	2	8	3	20	...	118	...	13·6	5
1899-1900	27	3	3	2	20	...	122	1	13·5	6
1900-01	19	3	6	2	15	...	120	2	10.3	1
1901-02	9	1	4	...	14	2	110	2	11·4	2
1902-03	19	...	2	2	17	...	108	2	13·	3
1903-04	33	3	5	3	20	...	117	1	13·7	1
1904-05	25	...	5	...	23	...	114	1	16.1	2
1905-06	19	...	3	...	14	...	115	1	10.4	3
1906-07	14	...	1	...	15	...	113	1	11.62	1
1907-08	12	...	5	1	14	...	105	...	11.1	...
1908-09	24	...	...	1	15	..	112	1	11.6	4
1909-10	12	1	7	...	10	6	102	2	12·27	...
1910-11	24	...	6	1	15	1	103	1	12.6	4
1911-12	25	1	5	1	10	...	113	1	7 7	1

TABLE III.—Return of Admissions for 1911–1912.

No.	Names.	Colour.	Age. Years. M.	Age. Years. F.	Form of Leprosy	Years Afflicted	If re-admitted.	Country.	Late Residence.	Date of Admission
1	Alex. Briosco	Brown	...	33	T.	1	No	Jamaica	Kingston	11.4.11
2	Ellen Hall	Black	...	40	T.	6	„	„	Trelawny	27.4.11
3	Vera Codlin	„	...	Infant 1	(?) A.	...	„	„	St. Catherine	2.5.11
4	Jane Wilson	„	...	30	A.	4	„	„	Kingston	13.5.11
5	Frances Noyes	Brown	24	...	A.	10	„	„	St. Thomas	30.5.11
6	Jehoida	„	...	42	T.	1	„	India	Clarendon	30.5.11
7	William Ewen	Black	40	...	(?) A	1	„	Jamaica	Westmoreland	3.6.11
8	Constance Smith	Brown	...	30	T.	9	„	„	Kingston	4.6.11
9	Everil Walters	Black	13	...	T.	1	„	„	Manchester	22.7.11
10	Henry Riley	„	49	...	A.	3	„	„	St. Ann	25.7.11
11	Walter Lyon	„	14	...	T.	6	„	„	Clarendon	11.8.11
12	Isaac Henry	„	23	..	T.	1	„	„	Trelawny	12.9.11
13	Stephen Kelly	„	32	...	T.	5	„	„	St. Mary	27.9.11
14	Geo. Golbourne	Brown	33	...	T.	1	„	„	Clarendon	14.10.11
15	Wm, Archer	White	66	...	(?)	6 mths	„	„	Trelawny	23.10.11
16	Samuel Brown	Black	50	...	A.	23	„	„	St. Ann	3.11.11
17	David Wynter	„	23	...	T.	3	„	„	St. Elizabeth	9.11.11
18	Isaiah Duncan	„	42	...	T.	5	„	„	St. James	14.11.11
19	Parbhudaryl	Brown	...	42	(?) T.	1	„	India	St. Mary	16.11.11
20	Thomas Davis	„	48	...	A.	18	„	Jamaica	St. Andrew	23.11.11
21	John David	„	35	...	(?)	6 mths	„	India	St. Mary	13.2.11
22	Jemina Morris	„	...	30	A.	10 yrs	„	Jamaica	Westmoreland	2.1.12
23	Kasi	„	25	...	T.	1	„	India	St. Mary	3.1.12
24	Rufus Preddie	Black	19	...	Non Leper	...	„	Jamaica	Manchester	8.1.12
25	Geo. Newman	Brown	17	...	T.	1	„	„	Kingston	13.2.12
26	Alfred Graham	Black	41	...	T.	6	yes	„	St. Catherine	6.3.12

TABLE IV.—Birthplaces of Admitted, 1911 to 1912.

Birthplace.	Male.	Female.	Total.
Kingston	...	3	3
St. Andrew	1	..	1
„ Catherine	1	1	2
„ Thomas	1	...	1
„ Mary	1	...	1
„ Elizabeth	1	...	1
„ Trelawny	2	1	3
„ Ann	1	...	2
St. James	1	...	1
Manchester	3	...	3
Clarendon	2	...	2
Westmoreland	1	1	2
India	3	1	4
Total	19	7	26

TABLE V.—Return of those Discharged and Absconded, 1911 to 1912.

No.	Names.	Country.	Age Years. M.	Age Years. F.	Date of Admission.	Date of Discharge.	Total Years Afflicted.	Form of Leprosy.	Reason for Discharge.
1	Jethro Brown ...	Jamaica	17	...	21.5.1910	31.7.1911	2	T.	Law 15 of 1896
2	Kampta ...	India	25	...	22.3.1911	13.6.1911	1	T.	Absconded
3	Chas. Turner ...	Jamaica	39	...	26.2.1911	14.8 1911	7	A.	Law 15 of 1896
4	Ellen Seaton ...	,,	...	39	16.3.1911	18.8.1911	21	A.	Absconded
5	Samuel Bell ...	,,	50	...	1.12.1910	22.5.1911	24	A.	,,
6	Rufus Preddie ...	,,	19	...	8.1.1912	7.2.1912	Non-Leper		Law 15 of 1896

TABLE VI.—Birthplaces of those Discharged.

Birthplace.		Male.	Female.	Total.
St. Catherine	...	1	...	1
St. Ann	...	1	...	1
Manchester	...	2	...	2
Clarendon	...	...	1	1
India	...	1	...	1
Total	...	5	1	6

TABLE VII.—Return of Deaths for 1911 to 1912.

No.	Names.	Country.	Colour.	Age Years. M.	Age Years. F.	Date of Admission.	Date of Death.	Form of Leprosy.	Total Years Afflicted. Yrs.	Total Years Afflicted. Mths.	Total Years Afflicted. Dys.	Cause of Death.
1	Wm. Francis	Jamaica	Black	43	...	4.6.1907	26.5.1911	A.	14	7	20	Bright's disease
2	Peter Brown	,,	,,	45	...	12.6.1893	23.6.1911	A.	33			,,
3	Theop. Haylett	,,	Brown	40	...	6.4.1910	9.7.1911	T.	12			,,
4	Sarah Thomas	,,	Black	...	68	14.4.1910	13.10.1911	A.	32			Chr. Diarrhœa
5	Rachael Jones	,,	Brown	...	50	8.9.1906	20.11.1911	A.	8	2	12	,,
6	Colin Barrett	,,	Black	19	...	15.9.1906	26.11.1911	T.	15	2	1	Pul. Tuberculosis
7	Samuel Brown	,,	,,	50	...	3.11.1911	15.1.1912	A.	24			,,
8	Louise Andrews	,,	,,	...	48	29.2.1903	15.1 1912	A.	38			Mania, Chr. Diarrhœa
9	Clarence Runcie	,,	Brown	23	...	8.6.1907	26.1.1912	A.	6	6		Pleurisy
10	Jemina Morris	,,	Black	...	30	2.1.1912	22.2.1912	A.	11	1	10	Mal. Feb.

Average longevity of Leprosy in those who died.

Tuber.	...	Females	nil
,,	...	Males	13 years, 7 months.
Anæsthetic	...	Females	21 years, 28 days.
,,	...	Males	18 years.

Death-rate per 100 ... 7.7

TABLE VIII.—Birthplace of those who died in 1811 to 1912.

Birthplace.		Male.	Female.	Total.
Manchester	...	...	3	3
St. Ann	...	3	...	3
Westmoreland	...	...	1	1
Trelawny	...	1	...	1
St. Catherine	...	1	..	1
St. Mary	...	1	...	1
Total	...	6	4	10

TABLE IX.—Chief Inter-current Diseases treated during 1911 to 1912.

Disease.	Form of Leprosy.				Total.		Grand Total.
	Tubercular.		Anæsthetics.				
	M.	F.	M.	F.	M.	F.	
General Diseases—							
Influenza ...	15	18	12	7	27	25	52
Dysentery ...	16	13	9	5	25	18	43
Mal Feb. ...	30	18	16	25	46	43	89
Diseases of the Nervous System—							
Neuralgia ...	5	5	6	8	11	15	26
Dementia ...	...	...	1	...	1	...	1
Mania ...	...	...	...	1	...	1	1
Hysteria ...	...	1	...	...	...	1	1
Diseases of the Eye—							
Conjunctivitis ...	16	18	10	11	26	19	45
Iritis ...	5	6	8	4	13	10	23
Diseases of the Nose—							
Ozæna ..	17	20	5	8	22	28	50
Diseases of the Digestive System—							
Dyspepsia ...	87	56	96	36	183	92	275
Diarrhœa ...	82	49	68	39	150	88	238